(No	20	07062	25	100000000000000000000000000000000000000	CERTIFIC	AIE OF E	EATH		07	7053
457		PLACE OF DEATH					ESIDENCE (Whe	re deceasad lived, If		ce before admissio
-			tgomery		MARYLANI	a. STATE	Mary band	b. COUN	Montgon Montgon	nery
		b. CITY OR TOWN (f outside corporata limi give nearest town)	ts, c.	LENGTH OF STAY IN	b c. CITY OI	R TOWN (If outside	corporata limits, write	RURAL and give	neerest town)
		Silver Spr			49 years	Silve	r Spring			15-1
			TAL OR INSTITUTION	if not in hospital		d. STREET				e. IS RESIDENCE
00		13316 And	rew Drive			13316	Andrew I	rive		YES NO
-	3.	NAME OF DECEASED	First		Middle	Last	4. DA		Day	Year
		(Type or print)	Edward		M.	Acorn		ятн Маи	20	5 19 66
	5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRT	Н	9. AGE (In years last birthday)		IF UNDER 24 HR
		Male	White	WIDOWED	DIVORCED	Sen. 2	1899	66 yrs.	Months Days	Hours Min.
1	10	. USUAL OCCUPAT	ION (Give kind of world	10b. KIND	OF BUSINESS OR INDU	STRY 11. BIRTHPLA		a, or loreign country)	12. CITIZEN C	F WHAT COUNT
1		cees to ped	rking lifa, even if retire	None		Washin	igton, D.	C.	u. S.	A.
		FATHER'S NAME	110716				MAIDEN NAME			
	9	eorge West	Acorn			Ella 20	ne Clough	2		
	15.	WAS DECEASED EV	ER IN U.S. ARMED FOR		CIAL SECURITY NO. 17	. INFORMANT			Western F	7
	(A:	s, no, or unkown) (I	fyasgivawarordatesofs None	ervica) VE	5	Irs. Dorot	hu D Ace	3008 Ch	Chase.	lue.
	-	18. CAUSE OF D	EATH Enter only one	causa per lina (for (a), (b), and (c).]	1	110	Cheuy	Criase, IN	TERVAL BETWEEN
		PART I. DEAT	H WAS CAUSED BY:	1		a column			Quan	ASET AND DEATH
		4201	IMMEDIATE CAUSE (a)		mary	, cuin	i	0 0	1000	racoco
		Conditions, if any	DUE TO	0 10.	10001800	111 -1 01	· ta	e failu		1
1		gava rise to immedi	ete causa	00	no occió	4 (6	ny 25 oru	c faces	re a	noun
Je		(a), stating tha us	ndarlying DUE TO				0	U		
1	z		SIGNIFICANT CONDI	TIONS CONTRI	BUTING TO DEATH BUT	NOT RELATED TO	THE TERMINAL DISE	ASE CONDITION GIV	EN IN PART 1(e)	19. WAS AUTOPS
Ro	18									PERFORMED?
000	S	20a ACCIDENT W	AS UNDERLYING	20b. DESCRIE	BE HOW INJURY OCCU	RED. (Entar natura o	finiury in Pert I or I	Part II of itam 18.)		its _ no y
p	ERT	OR CONTRIBUTING	CAUSE OF DEATH							
13	7	20c. TIME OF INJU		ar 20d NH	JRY OCCURRED 20e.	PLACE OF INJURY (Home, farm, ' 20f.	(City or town)	(County)	(Stata)
N	SEC	Hour a.m.		While _	Not While	factory, street, office			Tel NO	
12	X	p.m.	19	at work _	at work	0	10 50	· ma	21 1011	
3					the deceased from					
-			ed alive on	lay 10	619.66., and t	hat death occur	ed at /. /. p.M.,	from the causes	and on the d	ate stated abo
12	-	22a. SIGNATURE	410	7		ATTENDIN	IG MED.	STAFF	2/9	SIGI
03		22c. PHISICIAN'S	moracle	un		M.D. PHYS.	DIRECTOR	PHYS.	0/2	0/66
17		NAME (Type)	A. 7. Thi	badeau		1011		:110 01	55	MA
The	-					1011		ille, Rd.,		(Shele)
6	23.	REMOVAL (Specify)			C. NAME OF CEMETE			LOCATION (City, to		(Stata)
		urial	June 1,	1966 19	Jenwood Ce	netery	Wa	shington,		TUDE
	24	FUNERAL DIRECTOR	's signature	can 84	34 Georgia		254 C'D BYNR	1966 256 20	distrary sign	udge
		Warner E.	Pumphrey,	Inc. Si	luer Sprin	9, Md.	DATE		1	0
			A CANADA	SI FEET ST						

MARYLAND STATE DEPARTMENT OF HEALTH

18 Tent to Tent A denuration of the Mary Born July . Towers Cherry Chaster, Pd. voin Colewille, Mr. S. A., Ind. L. A. Dichadica and the property of the same o washing bon out of the with the landress, the sold of the

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07063 CERTIFICATE OF DEATH deoth. law requires that the death certificate be executed within 24 haurs after death completely filled in by the funeral nove carbon popers. Pages 1 and y event, within 72 hours after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a COUNTY o. STATE b COUNTY MARYLAND MONTGOMERY MONTGOMERY MARYLAND c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corparate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest tawn) 3 DAYS GAITHERSBURG OI NEY d. STREET ADDRESS e. IS RESIDENC d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) ON A FARM? MONTGOMERY GENERAL HOSPITAL RT.#1 Box 129 YES NO 3. NAME OF First Middle 4. DATE Lost Month Year Doy DECEASED
(Type or print) 19 66 HATTIE ISABELLA ADD ISON MAY 11. DEATH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE X 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED lost birthdoy) Months Dovs Hours MARCH 21, 1896 FEMALE NEGRO WIDOWED DIVORCED 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) **COUNTRY?** during most of working life, even if retired) INDUSTRY HOUSEWIFE USA MARYLAND physic en ple 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ROSIE LANCASTER HOWARD PRATHER 16. SOCIAL SECURITY NO. 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) MEDICAL RECORDS. OLNEY, MD. NO INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) buriol-transit PART I. DEATH WAS CAUSED BY: chemia Brainstem IMMEDIATE CAUSE (o) DUE TO Canditians, if ony, which gave rise ta immediate cause (a), DUE TO stoting the underlying couse as the rosis BA. + General. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101 WAS AUTOPS' PERFORMED? YES IT NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, (City ar tawn) (County) 20d. INJURY OCCURRED (State) 20c. TIME OF INJURY Month, Doy, Year Not While Hour a.m. foctory, street, affice bldg., etc.) at work O FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased fram May 8 , 1966, ta_ mou 11, 1966, that (1) (we) last M. fram causes and an the date stated above. saw the deceased alive an_ May 11, 1966, and that death accurred at 22b. DATE SIGNED 22a. SIGNATURE MED STAFF 5-12-66 DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN' NAME (Type) directar, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County 20 M 1/66

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	Division of STATIS		MARYLAND STATE DE ARCH AND RECORDS, 30		IEALTH EET, BALTIMORE, MARYLAN	ID 21201
3	7064		CERTIFICATI	OF DEATH		07055
1 DIACE C		its,	MARYLAND c. LENGTH OF STAY IN 16	o. STATE Maryland	Where deceosed lived, if institution: b. COUNTY Montge utside corporote limits, write RURAL	omerv
Öli	ney		1 day	ABONDON DO	De Brookville	15-1
d. NAME	OF HOSPITAL OR INSTITUTION (IF	not in hospital, g		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
3. NAME (ntgomery General	I HOSPIT	Middle	Box 147	4. DATE Month	YES NO 🔀
DECEASI (Type of	ED 5	id	Henry	Alsop B. DATE OF BIRTH	OF DEATH May	Doy Year 21 19 66 FUNDER 1 YEAR IF UNDER 24 HRS.
Male	e White	7. MARRIED WIDOWED		4/1/92	lost birthday) N 74 yrs.	lonths Doys Hours Min.
during most Reti 13. FATHER	OCCUPATION (Give kind of work done of working life, even if retired) ced Plumber & he	eating o	ND OF BUSINESS OR DUSTRY COntractor.	Washingto		12. CITIZEN OF WHAT COUNTRY?
	addeus Alsop			Catherine		
(Yes, no, or yes	ECEASED EVER IN U.S. ARMED FORCES' unknown) (If yes give wor or dotes	of service)	one M	edical Reco	Alsop (brother	Md.
Condit rise to stoting last.	ions, if ony, which gove immediate couse (a), the underlying couse	E (0) A (b) (c) (c) (d)	go pleyia,	cuels or	meplegia	INTERVAL BETWEEN ONSET AND DEATH 24 kis
NO PART I	I. OTHER SIGNIFICANT CONDITIONS		O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES \(\sqrt{NO} \) NO
OR COL	CCIDENT WAS UNDERLYING NTRIBUTING CAUSE OF DEATH HER, NOTIFY MEDICAL EXAMINER)	20b. DES	SCRIBE HOW INJURY OCCURRED.			
WED	IME OF INJURY Month, Day, Yeor Hour o.m. p.m. 19	While at work	Not While of foo	CE OF INJURY (Home, for tory, street, office bldg., etc.)	(County) (Stote)
21 so	. I certify that (I) (this haw the deceased alive on_	ispital) attend	led the deceased from 4 19 6 , and the	of 23, it death accurred at	1946, ta My 24 10:05M, from causes on	_, 19⊆£, that (I) (we) last d on the date stoted obove.
220.	SIGNATURE SIGNATURE	nyai	7 M	D. ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED 1966
		mifant,		Medical (Center, Sandy Sp	
BUEE	L, CREMATION, 23b. DATE THE YALKSpecify) 29 May		23c. NAME OF CEMETERY OR Cedar Hill Ce	crematory	23d. LOCATION (City or Town) Suitland, Mar	yland
24. FUNER	AL DIRECTOR Pumps	rus 8	Appress S.S.,	CLUY DAYEAT	2 REGISTRAR 256 REGIST	TRAR'S SIGNATURE

	(1) (1) (B) (B) (C) (C)	SALENCE DE	THE PARTY OF THE P		
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2		1 V		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
//		=04	A	07065 CERTIFICATE OF DEATH
5	death.	funeral and 2 death.	7	1. PLACE DF DEATH 9. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE, b. COUNTY
	after	the ses 1 after		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) MARYLAND C. LENGTH OF STAY IN 19 C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	hours	Pag ours		write RURAL and give nearest town) Jilver Spring Imon / Schur Silver Spring 15-1
	24	completely filled in by the inverse carbon papers. Pages 1 event, within 72 hours after	2	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS HOLV CLOSS HOSD, OF SILVEN STREET ADDRESS ON A FARM? YES NO NO
	within	rbon with		3. NAME OF DECEASED First Middle Last 4. DATE Month Day Year
	ed v	omple e cal		(Type or print) (Type
	executed	and co remove rany ev		my/e White WIDOWED DIVORCED 1/5/13 Sast birthday) Months Days Hours Min.
		sician and lease remo and in any	-,	10a. USUAL OCCUPATION (Give kind of work done of work done industry) 12. CITIZEN OF WHAT COUNTRY?
	that the death certificate be sician.		Le	13. FATHER'S NAME (Communications Stellife +C)
	ırtific	ling phy Then p emoval,		Charles E. Andrews Anna Kersler
	th ce	tend	1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 9424 Curran Road
	dea	e a		No 1 171 05 9362 1 C. Katherine Andrews Silver Spring, Md.
	the n.	by the		PART I, DEATH WAS CAUSED BY: A country beauty by the property of the party of the p
	that	al-tra		576 X DUE TO
	ires	n sign	W.)	Conditions, If any, which gave rise to immediate (b) Retroperitoneal hemorrhage
	requ	bee the		cause (a), stating the DUE TO
	law	has se as h pri		
	The le	ficate or us Healt	2	YES NO 🗆
	ICIAN Ospita	certing the f		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.)
	D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that t Page 4 may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending director, page 3 should be detached for use as the burial-transit offinity. The should be filed with the State Dept. of Health prior to burial, cremation of personal programments.		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 4 work 20f. (City or town) (County) (State) 20f. (City or town) (County) (State) 20f. (City or town) (County) (State) 20f. (City or town) 20f. (City or
	NDIN Ded b	Aft Jid b		21. I certify that (I) (this hospital) attended the deceased from 2 XMAR, 1966, to 2 MAY, 1966, that (I) twell last
	ATTE	Shoulith t		saw the deceased alive on 2 19 6, and that death occurred at 0 PM, from the causes and on the date stated above
	y be r	DIRE age 3		Allichard Compton M.D. ATTENDING MED. STAFF DIRECTOR DIRE
	SPITA e 4 ma	NERAL ctor, p	1	PHYSICIAN'S TRICHARD COMPTON 22d. ADDRESS NAME (Type) TRICHARD COMPTON 612 MAIN ST. LAUREZ, Md.
	TO HC	dire shou		Burial, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (Ofly, town or county) (State) REMOVAL (Specify) Burial May 6, 1966 (Geo. Wash. Memorial Park Paramus, New Jersey
				24. FUNERAL DIRECTOR CLEVE LUSCUS 4 ADDRESS ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
		AIS (4)		Warner E. Pumphrey, Tric. Silver Spring, Md. DATMAY 9 1968 Illiantes Judge

Landon Jeel att an Commention atolice 15th Carlon C. Headness 177 01 0102 C. Natharing house is School Species, NAMES AND DESCRIPTION OF PARTY OF PARTY AND PA 1//// single-rollings and decade described the state of the stat Take C. Propried, Stat. State State St. L. WAY S. 1966 Propried

1 (M	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYL	LAND
FOR STATE	07066 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 070	57
HEALTH DEPT.	1. PLACE OF DEATH e. COUNTY b. COUNTY b. COUNTY	nce before admission)
the search	mantgomers MARYLAND Ouguier	alva nagraet town)
funer funer nay nrtme deat	b. CITY OR TOWN (Moutside corporate limits, c. LENCTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end	S 2 2
the 5 r	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
lelay is necessary, at 3 to the funeral Page 5 may be State Department hours after death.	Suburhan 3701 So. 5th St. 504	YES NO
f any delay is necessary, 2, and 3 to the funeral PM3. Page 5 may be the the State Department in 72 hours after death.	DECEASED OF	ay Yeer
If an Physical Physics 1, 2, 2, 2, 2, 2, 3, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4,	5 SEY 16 COLOR OR PACE 1	AR IF UNDER 24 HRS.
ath. If a sees 1, form I within	m Case WIDOWED DIVORCED 8/20/19 45 yrs. Months Day	
er death. If ive Pages 1, with from I and Ewith with event within	during most of working life, even if retired) INDUSTRY Interstate Onaway, Mich. COUNT	EN OF WHAT TRY?
n 18. Gi along pages 1 in any e	Upk. Auditor Upk. Department New/River / Mass. 13. FATHER'S NAME Stores 14. MOTHER'S MAIDEN NAME	
m 1 ce a ce a pag d in d	Unknown Earl Bailey Mrs4/A/4/4/Porrange	
24 ho In Item Office File I, and	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	lington,
within 2 pencil in miner's (permit, removal,	The first the fi	TERVAL BETWEEN
ed w in pe xamil it pe or re	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Injuries multiple, severe	NSET AND DEATH
ing" ing" al E trans ion, d	8234 DUE TO	1
uld be executed "pending" in sf Medical Exar a burial-transit cremation, or	gave rise to immediate	XXXXXXXX
ould ief I	cause (a), stating the DUE TO underlying cause last. (c)	
ficate shot the worr to the Chi used as		9. WAS AUTOPSY PERFORMED?
infication to the to the to the tropic representation of the tropic repres	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	YES NO
R. This certificate, writing forwarded to 3 should be agent, prior	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.) Can went out years of Death.	
te, worwan	20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town)	
iffical per filter in the filt		
L EXAM he cert should files. TOR: Pa	21. I certify that I took charge of the remains described above, held an Autopsy , inspection , inquiry , a death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner	and in my opinion
the the share filling des	CHIEF MEDICAL EXAMINER	STATE A
MEDICA xecute t Page 4 for your	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINED	22. DATE SIGNED
UTY N e exe or. P ied fo left fo	EXAMINER'S NAME (Type) DEPUTY MEDICAL EXAMINER (A) 3/166 Address (Street, city, town, or county)	
To DEPUTY MEDICAL EXAMINER. This certificate should be executed within 24 hours after of please execute the certificate, writing the word "pending" in pencil in Item 18. Give director. Page 4 should be forwarded to the Chief Medical Examiner's Office along wif retained for your files. O FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 are of Health or its designated agent, prior to burial, cremation, or removal, and in any events.		
10 cd 200	Burial 6/2/66 Arlington National Com, Arlington, Virg	Inia GNATURE
VR A15ME	24. FUNERAL DIRECTOR Murphy Funeral Home 3524 Columbia Pike, Arl 256. RECISTRAR' 25b. RECISTRAR'S SI Cliences	Judge
3500 4-64) JET VUALUENAN AANV GRAAT VIE	

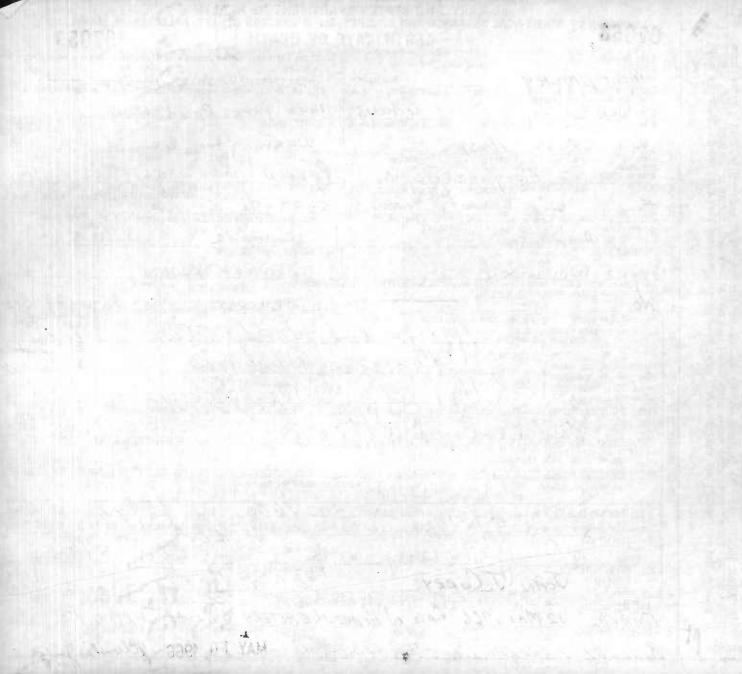
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 07067 CERTIFICATE OF DEATH 07058

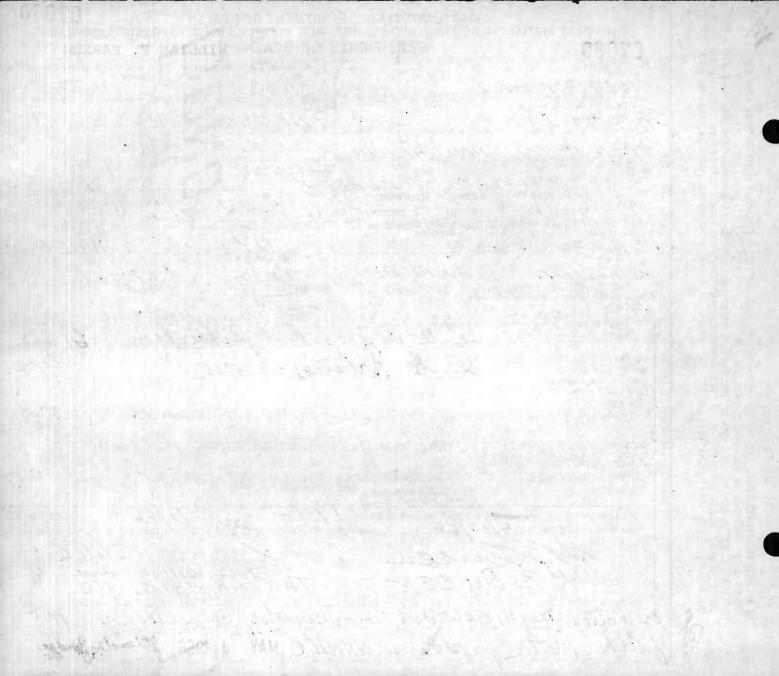
	00000	a de la companya de l							000	00	
1.	PLACE OF DEAT a. COUNTY	Н				2. USUAL RESIDEN	CE (Where de			esidence befor	e admission)
		Montgomery		MARYI	AND	e. STATE Mar	yland	b. col	Mon	tgome	ry
	b. CITY OR TOW	VN (if outside corporate lin	nits,	c. LENGTH OF STAY		c. CITY OR TOWN (I		porate limits, w			
Y		and give nearest town) Damascus		14 yrs		Dam	ascus			15	/
		SPITAL OR INSTITUTION (IF	not in hos	pitai, give street a	ddress)	d. STREET ADDRESS				e. IS I	ESIDENCE
		26613 Ridge 1	Rd.			266	13 Rid	ge Rd.		YES	A FARM?
3.	NAME OF DECEASED	First		Middle		Last	4. DATE	Mon	th	Day	Year
	(Type or print)	Net	tie	I.	Ba:	lderson	OF DEATH	N	lay 2	7 1	966
5.	SEX		ARRIED	NEVER MARRIEL		. DATE OF BIRTH	9.	AGE (in years	IF UNDER	YEAR IF UN	DER 24 HRS.
F	emale	White w	IDOWED X	DIVORCE		June 10,18	79	86 vrs.	Months	Days Hou	rs Min.
10:	a. USUAL OCCUPATION MOST	TION (Give kind of work done king life, even if retired)	10b. KIN	D OF BUSINESS OR		11. BIRTHPLACE (County & State,	or foreign count	ry) 12. CI	TIZEN OF WI	IAT
uu.	House		IND	USIKI		Parishv	ille.	N.Y.		JSA	
13	. FATHER'S NAM	/E	1		1	14. MOTHER'S MAI		2		75.	
1	Emory	Hall				Olive	Champ	oine			
15	. WAS DECEASED	EVER IN U.S. ARMED FORCES (If yes give war or dates of servi	? 16. SC	CIALSECURITYNO	. 17.	INFORMANT		Addr	ess		-5-1
("	No.	(11 yes give war or dates of servi	ice)	None	Te	rry L. Coc	le	Item 2			
		DEATH [Enter only one cau	se per line			^	12.9	Toom c	0.00	INTERVAL	BETWEEN
1		EATH WAS CAUSED BY:	C. 03	adn. 1 -	The	malosi	1			ONSET AN	DAEATH
	400	IMMEDIATE CAUSE (a)	2	will.	4	AND THE	4	45		1.00	7
	Conditions, If	any which	in the	"Malla it	Tine	many it as	Aslan .	line so	1	100	2010
	gave rise to	immediate (->0	10004	W.	10 9000 0>	10000 C	jour you.	4	-	Tura.
	cause (a), s	an Irak								/	
NO		SIGNIFICANT CONDITIONS C	ONTRIBUTI	NG TO DEATH BUT N	OT RELAT	TED TO THE TERMINAL	DISFASECON	DITIONGIVEN	N PART 1(a)	119. WAS	AUTOPSY
SATI							01001020011			YES YES	ORMED?
E	20a ACCIDENT	WAS UNDERLYING	20b. DE:	SCRIBE HOW INITIE	A OCCIN	RRED, (Enter nature o	of Injury in Pa	art I or Part II	of Item 18		110
CERTIFICATION	OR CONTRIBUT (IF EITHER, NO	ING CAUSE OF DEATH (TIFY MEDICAL EXAMINER)	200. 02.	OUNTED HOW INSO!	(MED. (Little nature c	, mjury m r	are ror rare in	01 110111 101		
CAL	20c. TIME OF	INJURY Month, Day, Year	20d. INJ	URY OCCURRED 2	Oe. PLAC	E OF INJURY (Home, f	arm, 20f.	(City or town)	(Cour	nty)	(State)
MEDICAL	Hour a.	m. m. 19	While at work	Not While	factor	y, street, office bldg.,	etc.)				
-		fy that (I) And the leading		the deceased fr	rom 4	15	1966 to	5/27	196	6. that (I)	(we) last
		ceased alive on 51	3)	196C., a	nd that	death occurred at	: 30 pm, fro	om the causes			ed above.
	22a SIGNATU	RE ()	7	2. 1 4		ATTENDING /	MED	OTACC	22b. DA	E SIGNED	11
-	faur	5 /7 Ker		nolo.	M.D.		MED. DIRECTOR	STAFF PHYS.	115/	281	00
	220 PHYSICIA NAME (T	AN'S ype)_				22d. ADDRESS				13.	
		James P. Ke	err, 1	WD.		Dama	ascus,	Md.			
238	a. BURIAL, CREM REMOVAL (Sp		EOF	23c. NAME OF CE	METERY	OR CREMATORY	23d. LO	CATION (City,	town or cou	nty)	(State)
_	Burial	June 1,19	66	Oakw	boo			Theres	a. Ne	w York	
24	. FUNERAL DIR			ADDRESS		-444A	C'D BY REGI		REGISTRAR'S	S SHENATURI	4
	Olin	L. Moleswort	h, I	Damascus,	Md.	DATE	1 4 18	366 Ac	-	00	

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1 1		MARYLAND STATE DEPARTMENT OF HEALTH A MARYLAND STATE DEPARTMENT OF HEALTH A MARYLAND STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
£ 20 E	1	CAUCA CERTIFICATE OF DEATH 07059
hours after death. I in by the funeral s. Pages 1 and 2 hours after death	J.	PLACE OF OEATH a. COUNTY e. STATE b. COUNTY
by the Pages 1	1-	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND Adartifant Wo Sh. o.c., Most town R4 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
in by s. Pag		Silver Spring 6days 1656 Park Road N.W. 47-3
Hed Per 72		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
thin 2 tely fill soon pa	3.	Holy CROSS Hosp. Washing ton, D.C. YES NO NAME OF First Middle Last 4. DATE Month Oay Year
executed within and completely remove carbon any event, with		DECEASED (Type or print) Margurerite M. BANNON DEATH MAY 8 1966
correction ove	5.	SEX 6. COLOR OR PACE 7. MARRIEO NEVER MARRIEO 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR) FUNDER 24 HRS Isast birthday Months Days Hours Min
exec n and rem n any	10a	WIDOWED OIVORCED 5-23-95 70yrs.
be and i	dur	USUAL OCCUPATION (GIVe kind of work done ing most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? Canada U. S
val, val,	13.	FATHER'S NAME 14. MOTHER'S MAIOEN NAME
ding of Them removal	15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
e death certi the attending t permit. Th	(Ye	s, no, or unkown) (If yes give war or dates of service)
the dear. I. by the ansit pern	h	18. CAUSE OF DEATH [Enter only one cause per Jine for (a), (b), and (c).]
hat the ician. ned by I-transi I, crem		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MASSOCIAL CAUSE (b) ONSET AND DEATH ONSET AND DEATH
2 20 00 00		Conditions, If any, which) OUE TO Conditions, If any, which)
requires ding phy been si the bur or to bur		gave rise to immediate
w rectangle the second		underlying cause last. (c) Away William Cleras Cokary
r atten r atten te has use as Ith prid	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPEY PERFORMED?
- 0 - 0	LIFIC	20a. ACCIOENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
	CER	20a. ACCIOENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYS the h this detac e Dep	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)
After d by t After d be c	ME	p.m. 19 at work et work
ainec ainec OR: nould		21. I certify that (I) (this hospital) attended the deceased from 5 / 2 / 6 / 19 , that (I) (we) last saw the deceased alive on 5 / 6 / 19 , and that death occurred at 5 M from the causes and on the date stated above
OR AT be ret IIRECT e 3 sl		22a. SIGNATURE 22b. DATE SIGNED
AL Ollay be page filec		22c. PHYSICIANS M.O. PHYSICIANS MED. STAFF D 5/8/66
TO HOSPITAL OR ATTENIPAGE 4 may be retained to FUNERAL DIRECTOR: director, page 3 should be filed with the		NAME (Type) JOHN J. CURRY 10620 GROWING QUE MIN
Page O FUN directs should	23a	RFMOVAL (Specify)
n.P	24	FUNERAL DIRECTOR ADDRESS 258. REC'O BY REGISTRAR 256. REGISTRAR'S SIGNATURE
VR A15 (4)		KINALDI FUNERAL HOME 7400 CALAUE, NICO DATEMAY 10 1966 ACharles Quese
AJIII T-UT		



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH WILLIAM F. BARNUM funeral and and death. PLACE OF DEATH 1. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY a. STATE b. COUNTY after NTOROM MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 24 hours = filled d. NAME OF HDSPITAL OR INSTITUTION (if not in hospital, give street address e. IS RESIDENCE ON A FARM? within NOV etely carbon NAME OF First Middle DATE Month Day Year OECEASED OF event, comple (Type or print) DEATH 19 6/0 executed SEX 6. CDLDR DR DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS 8. remove 7. MARRIED NEVER MARRIED last birthday) Months Days Hours WIDOWED DIVORCED E 1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 1Db. KIND DF BUSINESS DR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician ease and ir pe CDUNTRY? removal, FATHER'S NAME 14. MOTHER'S MAIDEN NAME signed by the attending plurial-transit permit. Then urial, cremation, or remova 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. INFORMAN Address (Yes, no, or unkown) (If yes give war or dates of service) death CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN The law requires that the SET AND DEATH PART I. DEATH WAS CAUSED BY or attending physician. IMMEDIATE CAUSE (a burial-tı burial, DUE TO Conditions, If any, which gave rise to immediate DUE TD cause (a), stating the prior underlying cause last. (c) as CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY 19. for use Health PERFORMED? certificate YES ND the hospital PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) DR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) detached MEDICAL TIME DF INJURY Month, Day, Year 2Dd. INJURY OCCURRED | 20e. PLACE DF INJURY (Home, farm.) 20f. (City or town) (County) (State) a factory, street, office bldg., etc.) Hour a.m. While After d be d Not While at work at work retained 21. I certify that (I) (this-hespital) attended the deceased from DIRECTOR: age 3 should led with the saw the deceased alive on and that death occurred at O M. from the causes and on the date stated above. 22a. SIGNATURE 22b DATE SIGNED page ATTENDING ANDSPITAL (age 4 may M.D. PHYS. DIRECTOR PHYS FUNERAL 22C. PHYSICIAN'S 22d. ADDRESS director, NAME (Type) should 23a. BURIAL, CREMATION.I 23b. NAME OF CEMETERY OR CREMATORY 23d. LDCATIDN (City, town or county) (State 23c, REMOVAL (Specify) 0 emalion FUNERAL DIRECTOR REC'D BY REGISTRAR 1966 VR A15 (4) 2DM 1/65



	07070	N OF STA	TISTICA		ARCH AN	STATE DI D RECORD RTIFICAT	S, 301 W.	PREST	TON STR		ALTIMO)RE 1, I	MARYI 07	AND	1
1.	PLACE OF DEATH a. COUNTY Montgom					MARYLAND	a. Si	TATE	ence (Where		b. COU	NTY	Residence	before a	dmissign
	b. CITY OR TOW write RURAL	N (if outside	corporate	limits,	c. LENCTH	OF STAY IN 1b			(If outside				L and giv	e neare	st town
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ודי	he Clinic								Lamont	t Str	eet.	N.W.		ON A	FARM?
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	(Type or print)		Lee		Kirb	V	Barre	tt	OF DE	ATH	N	lay	28	19	66
5.	SEX	6. COLOR O		MARRIED		MARRIED X	8. DATE O			9. ACE	(In years	LIE UNDE	R 1 YEAR	IF UNDE	R 24 HRS
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	Gambler				mbling			Wash	ingtor	1. D.	C.		JSA		
13	. FATHER'S NAM	E					14. MO	THER'S M.	AIDEN NAMI	E		17.58			
	Samı	el M. 1	Barret	t			Hi	lda K	erby						
	. WAS DECEASED I	VER IN U.S. A	RMED FORC	ES? 16.	SOCIALSECU	RITYNO. 17.			Medica	1 Re	CO CO	ss	160		
`	No	(11 Jes give na	or dates or se	-	Inobt	inable							. Md	200	017
	18. CAUSE OF	DEATH [Enter	only one o					1 /11 K					INTE	RVAL BE	
	PART I. DE	ATH WAS CAL	JSED BY:	Hypo	ventil	ation								et and hour	
	356	/	DUE TO												
2	Conditions, if	any, which \	(p)		trophi	c Later	al Scl	eros	is				4.	vear	s
	gave rise to cause (a), st		DUE TO	THE PARTY	0.000					1.16					
	underlying caus		(c)												
CERTIFICATION	PART II. OTHER S	ICNIFICANTO			ITINC TO DEA	TH BUT NOT RE	LATED TO THI	ETERMIN/	AL DISEASE C	ONDITIO	I CIVEN IN	PART 1(a)		WAS AT PERFOR	UTOPSY RMED? NO
	20a. ACCIDENT OR CONTRIBUTI (IF EITHER, NO	WAS UNDERL NG CAUSE TIFY MEDICAL	YINC OF DEATH EXAMINE	20b. E	DESCRIBE HO	W INJURY OC	CURRED. (En	ter nature	of injury in	n Part i o	r Part II	of item 18	3.)		
MEDICAL	20c. TIME OF I	n.	th, Day, Ye	ar 20d. II While at work	NJURY OCCU	lle fac	ACE OF INJU tory, street, o	JRY (Home office bldg	, farm, 20 ., etc.)	f. (City o	r town)	(Co	unty)	(State)
2						eased from_	Feb. 2	7.	1964	to Ma	y 28	. 196	6. th	at 33) (we) las
	sawathe dec	ceased aliye	on Ma	y 28.	19	66, and th	at death on								
	22a. SICNATUR	RE (411	-		, und th			P.	M.			DATE SI		
	1/1	ND	V	800	me	W.	ATTENI	DINC	MED. DIRECTO		AFF IYS.				
	220. PHYSICIA NAME (T)	N'S	0				22d.	ADDRESS	The Cl	linic	al Ce	nter,	Nat	ione	al
	1_//	Jon	D. D	orman,	MD.				es of						
23		ATION, 23b.	DATE TH	EREOF	23c. NAM	E OF CEMETE	RY OR CREM	ATORY	23d.	LOCATIO	N (City, t	own or co	ounty)	(S	tate)
	cremati	011 1 2/	/31/6	6		Linco	ln Cr	emat	ory P	rinc	e Ge	orge	3 0	oun	MA
24	FUNERAL DIRE		Hin	es C	ompan	RESS		25a.	REC'D BY R	ECISTRAR	25b. F	RECISTRA	R'S SIGN	ATURE	
	7.17	0 0011	a rranti	W	ashin	gton.	D.C.	ALLE.	2 1	1966	fich	arle	Jue	42	

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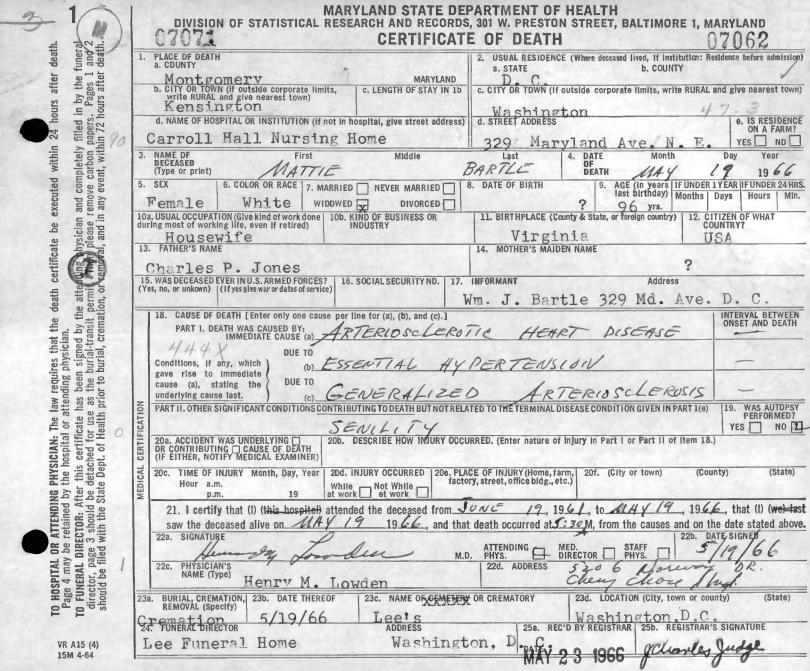
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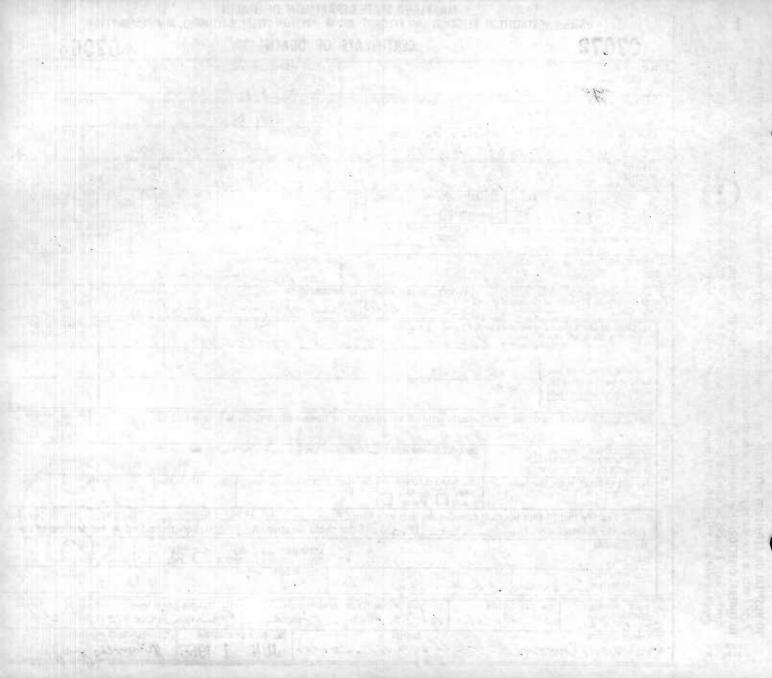
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07072 CERTIFICATE OF DEATH death by the funeral Pages 1 and 3 24 hours after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) _a. COUNTY b. COUNTY hours after MARYLAND c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b RURAL and give nearest town Wash. P on papers. within 72 ho filled in d. STREET ADDRESS IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) YES NO X DATE 3. NAME OF First Middle Last Month Day Year DECEASED OF 19 (Type or print) DEATH xecuted IF UNDER 1 YEAR IF UNDER S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years last_birthday) Manths Days Haurs DIVORCED WIDOWED burial, cremotion, or removol, and in ony 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind af wark dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) COUNTRY? during most of working life, even if retired) **INDUSTRY** certificate TOUSEWIFE 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME attending physermit. Then F 1S. WAS DECEASED EVER IN U.S. ARMED FORCES' 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, po, brunknawn) (If yes give war ar dates of service) INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) the signed by the burial-tronsit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) 4200 DUE TO Canditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause attending director, page 3 shauld be detached for use as the should be filed with the State Dept. of Health prior to hos been last. 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) CERTIFICATION NO O FUNERAL DIRECTOR: After this certificate be retoined by the hospitallo 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year Haur a.m. factory, street, affice bldg., etc.) While Nat While at wark L at wark 21. I certify that (1) (this haspital) attended the deceased fram Clu 22, 1963, ta may - 26, 1966, that (1) (we) last 18 1966, and that death accurred at 11:00 AM, fram Jauses and an the date stated above saw the deceased alive an final 22g SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. STAFF PHYS. DIRECTOR M.D. 22c. PHYSICIAN'S 22d. ADDRESS BARCSON NAME (Type 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (State) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (County) REMOVAL (Specify) 419 MURCU 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Miarilly 1966



1	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTO		ARYLAND
FOR STATE	67673 MEDICAL EXAMINER'S CERTIFICAT	E OF DEATH	07064
HEALTH DEPT.	a. COUNTY	ICE (Where deceased lived, If Institution: R	lesidence before admission)
×=== ===	Montgomery Maryland M	aryland Ma	ulganery
pessary, o me funeral e 5 may be Department after death.	write RURAL end give nearest town)	f outside corporete limits, write RURAL	and give nearest town)
5 m 5 m ter	Bethesda (rural) DOA B d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) d. STREET ADDRESS	ethesda	e. IS RESIDENCE
age age bus 99 to		ttery Lane	ON A FARM?
of St.	3. NAME OF First Middle Last	4. DATE Month	Day Yeer
E 25 =	(Type or print) Louise Marie BERNARD	DEATH May 27	19 66
ive Pages 1. 3 with form Pages 1. 3 with form Pages 1. 3 with form Pages 1. 4 with event within	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH	9. AGE (In years IF UNDER lest birthday) Months	
To E Pe	Female Cauc WIDOWED X DIVORCED June 18, 18		ITIZEN OF WHAT
Give Page With 1 and 1 and y event	during most of working life, even if retired) INDUSTRY	nce, R. I.	OUNTRY? USA
n 18. Gi along pages 1 in any	13. FATHER'S NAME 14. MOTHER'S MAI	DEN NAME	OLA
24 hour ltem Office File pa	Ernest Bizat Emma L		
2 -0 -	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes gire war or dates of service)	Address Bet	hesda, Md.
within 2 pencil in miner's 0 permit, I removal,	Mr. Frank L. 18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end (c).]	Arnold, 4949 Batter	V Lane
uted within 2 Y' in pencil in Examiner's (nsit permit, , or removal,	PART I. DEATH WAS CAUSED BY: Coronary insufficiency acute		sudden DEATH
uld be executed f "pending" in ef Medical Exan a burial-transit cremation, or	4 2 0 DUE TO		
pe ex pendic ledic rial-1 mati	Conditions, if any, which geve rise to immediate Coronary arteriosclerosis		years
ef Mef W	ceuse (a), steting the DUE TO		
ate sho ne wor he Chi sed as burial		DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
frate the the to b	ICATI		YES NO
NER: This certificate should be executed ificate, writing the word "pending" in the forwarded to the Chief Medical Exange 3 should be used as a burial-transit led agent, prior to burial, cremation, or in	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	of Injury in Part I or Pert II of Item 18	.)
R: This cate, write forward forward 3 should agent, p		farm. 20f. (City or town) (Co	unty) (State)
CAMINER: The certificate, uld be forw s. s. Page 3 sh	20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, 1 factory, street, office bldg., et work et work	etc.)	
MIN d be d be age	21. I certify that I took charge of the remains described above, held an Autopsy 💢,	Inspection k, Inquiry k,	and in my opinion
EXAMINE certificates to the should be an files. CTOR: Page designated	death resulted from: Natural causes X, Accident, Suicide, Homic	ide, Undetermined manner	
	ACTUAL Och . S. Bell - CHIEF MEDICI	AL EXAMINER EDICAL EXAMINER	22. DATE SIGNED
Page I for your Its or its	DEPUTY MEDI		May 1966
DEPUTY N ease exe rector. P tained for FUNERAL	1 1// 1// (*/)	et, city, town, or county)	
	Burial, CREMATION, 23b. Date thereof BEMOVAL (Specify) 5 2/ / C Gate of Heaven Cemetery	23d. LOCATION (City, town or co	
5000	24. FUNERAL DIRECTOR ADDRESS 252, R	EC'D BY REGISTRAR 25b. REGISTRAR	'S SIGNATURE
VR ALSME (5)	Chevy Chase Foreral Home 5103 Wisconsin Ave., NW DATE	N 3 1966 Actions	es Judge.
5M 1/65	Washington, D. C.		U

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH law requires that the death certificate be executed within 24 haurs after death. and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) g. COUNTY Prince Georges County Maryland Montgomery MARYLAND conditions filled in by the foots of the foo b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Wheaton c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b West Hyattsville mos. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Building 4, Apt. IS RESIDENCE ON A FARM? d. STREET ADDRESS University Nursing Home 5601 Parker House Terrace YES NO THE 3. NAME OF Middle 4. DATE Doy Lost Year DECEASED no middle name Type or print) Jennie Bernstein 19 66 DEATH 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED B. DATE OF BIRTH lost birthdoy) Months Doys Hours WIDOWED DIVORCED Female White physician and nen please rem 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY **COUNTRY?** Housewife-factory worker Poland USA 14. MOTHER'S MAIDEN NAME (last name changed to Bernstein the attending phys remaya Abraham Boraso unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) Ethel Krawitz, see 2 above no none 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit ONSET AND DEATH mucono IMMEDIATE CAUSE (o) signed by Page 4 may be retained by the haspital or attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (o). DUE TO stoting the underlying couse as the this certificate has been lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) af Health NO 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. Not While factory, street, office bldg., etc.) ot work ot work O FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased fram-1)04. 1964 to 1966, that (1) (we) last 22 1966, and that deoth accurred at 120 p. M, from causes and an the date stated obave saw the deceased alive an Mac 22o. SIGNATURE 22b. DATE SIGNED director, page 3 should be filed v M.D. DIRECTOR PHYS. PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LÓCATION (City or Town) (County) (Stote) REMOVAL (Specify) Zion Cemetery Buria Maspeth 24. FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

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FOR STATE		07075 MEDICAL EXAMINER'S C	ERTIFICATE OF DEATH	
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me fue fue fue fue fue		Bethesda (Rural)	Washington d. STREET ADDRESS	e. IS RESIDENCE
y delay cessary, and 3 to the funeral M3. Page 5 may be the State Department 72 hours after death.		Kenwood Golf & Country Club	5032 Lowell Street, N. W.	ON A FARM?
dels Band For	3.	NAME DF First Middle DECEASED	Last 4. DATE Month	Day Year
		(Type or print) Harold W. Blake.	ley DEATH May 10	1966
ith. If all form P form P within	5.	SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In years IFUNDER asb birthday) Months	Days Hours Min.
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s in s		res, no, or unkown) (If yes give war or dates of service) 579-48-0763 Retired 4-30-746	See Item N See Item N Blakeley	0.2.
uted within in pencil is Examiner's nsit permit.		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	DOGES GELL DIRECTON	I INTERVAL RETWEEN
should be executed vord "pending" in per Chief Medical Exam das a burlaktransit purial, cremation, or resistance.		PART I. DEATH WAS CAUSED BY: Coronary insufficie	ency, acute	sudden DEATH
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d be execu "pending" f Medical burlal-tran cremation,		Conditions, if any, which gave rise to immediate (b) Cardiovascular dis	sease	years
uld h ef M a bu		ceuse (a), steting the DUE TO		
ficate shou the word o the Chiel used as a to burial,	Z	underlying cause last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATE	D TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
the the sed	ATIO			PERFORMED?
11 22 2	IFIC	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURR	RED. (Enter nature of injury in Part I or Pert II of Item 18	
rded pri	CERTIFICATION	PRIMARY Or CONTRIBUTING CAUSE OF DEATH.		
R: This cer sate, writin forwarded 3 should t agent, prid	MEDICAL		OF INJURY (Home, farm, street, office bldg., etc.) (City or town) (Co	unty) (State)
EXAMINER: certificationld be fould be fores. les. R: Page 3	ME	p.m. 19 at work at work		
the certificate should be a should be artificate. In files.		21. I certify that I took charge of the remains described above, held		
the certifies.		death resulted from: Natural causes 🔀, Accident 🔲, Suicident	de, Homicide, Undetermined manner	
EDITAL EX. Cute the cage 4 shour r your files DIRECTOR:		SIGNATURE John S. Bree	ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
Sere S		/	DEPUTY MEDICAL EXAMINER	May 10, 1966
DEPUTY Nease exercises. The stained for Funeral for Health of the stained for		EXAMINER'S NAME (Type) John G. Ball, M. D.	Address (Street, city, town, or county)	
	238	DEMOVAL (Specific)		
01 00 00 00 00	2/	Burial 0-12-1966 Arlington Nat:	ional Cemetery, Arlington, Vi	rginia 'S SIGNATURE
VR ALSME (5)	6	Joseph Gawler & Sons, 5130 wisconsin Ave.	, N.W DAMAY 13 1966 goland	
5M 1/65		Washington, D. C.	DATE - TOOO	10

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MARYLAND STATE DEPARTMENT OF HEALTH

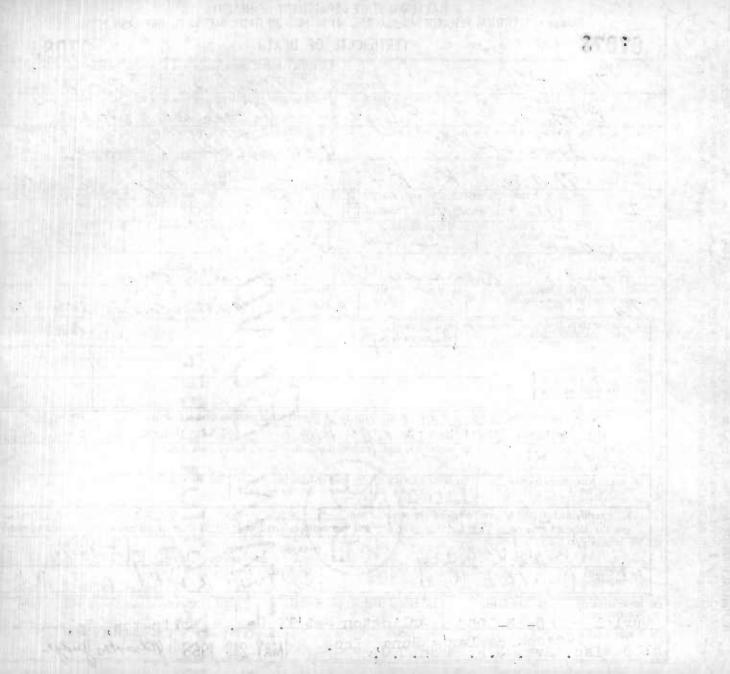
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1 # 22#	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 07068
the Tuneral	1. PLACE OF DEATH a. COUNTY AONT 150 MONT 250 MARYLAND b. COUNTY MONT 250 M
24 hours after death filled in by the Tuneral apers. Pages 1 and 2 no 72 hours after death	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Silver Spring C. LENGTH OF STAY IN 1b C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Bethesda
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Holy Crosss Hospital d. STREET ADDRESS ON A FARM? YES NO [X]
and completely remove carbon rany event, with	3. NAME DF First Middle Last 4. DATE Month Day Year DF DECEASED (Type or print) Frances M. Bloodgood DEATH May 31 1966
remove carl in any event,	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years lift UNDER 1YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min. F WIDOWED DIVORCED July 6, 1878
wal, and in	10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired) 10b. KIND OF BUSINESS OR II. BIRTHPLACE (County & State, or foreign country) 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? LOWA 10 S . A .
Then pl	13. FATHER'S NAME Frank Mason 14. MOTHER'S MAIDEN NAME Montague
attending ph ermit. Then on, or removal	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give war or dates of service) No None Frances Lusby, 10415 Montrose Ave.
Page 4 may be retained by the hospital or attending physician. **Description of the hospital or attending physician or the property of the this certificate has been signed by the attending physician director, page 3 should be detached for use as the burial-transit permit. Then please should be filed with the State Dept. of Health prior to burial, cremation, or removal, and it is the property of the property of the prior to burial, cremation, or removal, and it is the property of the property of the prior to burial, cremation, or removal, and it is the property of the property of the prior to burial, cremation, or removal, and it is the property of the property	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (c)
t. of Health	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO PORTON TO THE SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTI
State Depi	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, leading of the place) 20f. (City or town) (County) (State) (County) (State) (County) (State) (County) (C
filed with the	21. I certify that (I) (this hospital) attended the deceased from 4-, 1966, to 5/36, 1966, that (I) (we) last saw the deceased alive on 5/30 1966, and that death occurred at 4/2 M, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED 22c. PHYSICIAN'S NAME (Type) Irwin Ardam 22d. ADDRESS 22d. ADDRESS 22d. ADDRESS
director, page 3 should be filed with the	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 24. FUNERAL DIRECTOR 6-2-1966 Ft. Lincoln Cemetery Prince County Signature M d. ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRARY SIGNATURE M d.
5 (4)	Joseph Gautler & Sons ONUN 3 1966 Charles Judge

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07073 CERTIFICATE OF DEATH be executed within 24 hours after death. death. uneral 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY a. STATE b. COLINTY papers. Pages. MARYLAND outside forporote limits. c. LENGTH OF STAY IN 16 b. CITY OR TOWN c CITY OR TOWN write RURAL and give metrest town) write RURAL give negrest town JOHNSON .⊑ d. NAME OF HOSPITAL ORANSTITUTION (If not in hospital, give street address). d. STREET ADDRESS IS RESIDENCE event, within 72 ON A FARM? filled YES □ NO [carban 3. NAME OF 4 DATE First Lost Dov Year campletely DECEASED OF DEATH 19 66 (Type or print) S. SEX IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIET AGE (In years IF UNDER 1 YEAR remave birthdoy) Months Dovs Haurs In any WIDOWED DIVORCED puc 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate 13. FATHER'S NAME 14. 'MOTHER'S MAIDEN NAME removal phy IS. WAS DECPASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT (Yes_pager unknown) (If yes give wor or dotes of service Or burial, crematian, INTERVAL BETWEEN ONSHI AND DEATH CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (f). signed by the burial-transit p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital or attending physician. DUE TO Conditions, if ony, which gove rise to immediate cause (a). DUE TO stoting the underlying couse as the has been State Dept. of Health prior to last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH-BUT NOT RELATED TO WAS AUTOPSY PERFORMED? THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) CERTIFICATION YES I NO certificate far 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 1B.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (Caunty) (Stote) TO FUNERAL DIRECTOR: After this Hour o.m. factory, street, office bldg., etc.) Nat While ot work ot wark _, 1966, that (1) (we) lost 21. I certify that (1) (this haspital) attended the deceased from 1966_, ta_ 5-18 director, page 3 shauld should be filed with the 1966 and that death occurred at Il A. M. fram causes and an the date stated above. saw the deceased alive on 22a. SIGNATURE **ATTENDING** M.D. PHYS DIRECTOR PHYS ADDRES 22c. PHYSICIAN'S Mod NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL CREMATION. DATE THEREOF (County) (Stote) Burial Arlington Nat'l Cem Gawler Sans 2So. REC'D BY REGISTRAR Joseph VR A15 (4) 20 M 1/66 Inc. 1966 Wisc. Ave.



TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after seath. Page 4 ft. Seath. Page 4 ft. Torio Funeral District of the seath of the seath of the standing of the seath of the se	
TO HOSPITAL ON ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death. Page 4 if the certificate by the hospital or attending physician. TO FUNERAL DI TOR: After this certificate has been signed by the attending myskian and completely limit by the funeral director, page 3 should be detached for use as the burial-transit permit. Then pleaded may be carbon papers. Pages and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any vent, within 72 hours after death.	
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

4	CERTIFICAL	E OF DEATH			
1	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)			
1	a. COUNTY	e. STATE b. COUNTY			
1	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	CITY OR TOWAL (If a state of the state of th			
1	write RURAL end give neerest town	c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town)			
	ROCKUTERE WHEATON 18mos	Washington, D. C. 47.3			
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS a, IS RESIDENCE ON A FARM?			
1	WHETHON NURSING Home	3500 14th Street N. W. YES NO			
П	3. NAME OF First Mile	Lest 4. DATE Month Day Yeer			
1	(Typa or print) MAKGARET C.	Bowman OF DEATH MAY 24 1966			
		B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.			
1		last birthdey) Months Deys Hours Min.			
	, AIDOMED NACED N	736 Z 1868- 198 yrs.			
	Da. USUAL OCCUPATION (Give kind of work done during most of working life, evan if ratired) 100 Sew116	RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?			
1		1A U.S.			
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
	Lebius Kunkle	Sarah Kinnard			
1		INFORMANT Address			
	(Yas, no, or unkown) (Ifyes give war or detes of service)	Nunging Home Beards some of chart			
1	18. CAUSE OF DEATH [Enter only one ceuse par line for (a), (b), and (c).]	Nursing Home Records -same as above			
	2	ONSET AND DEATH			
	IMMEDIATE CAUSE (a) CICATE CALCI	e cystitis 5 days			
	DUE TO				
	Conditions, if eny, which				
	gava rise to immadiate cause (a), stating the underlying DUE TO				
	cause lest. (c)				
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY			
	Atterioselerotic Heart discuse (3465) YES NO N				
20e, ACCIDENT WAS UNDERLYING 2Db, DESCRIBE HOW INJURY OCCURED, (Entar neture of injury in Part I or Part II of item 18.)		1 01130410			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. YE 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CONTRIBUTING					
		ACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (Stete)			
1		ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)			
Н	p.m. 19 et work et work				
-1	21. I certify that (I) (this hospital) attended the deceased from.	May 21, 1966, to May 24, 1966, that (1) (we) last			
	saw the deceased alive on May 21 196, and tha	t death occured at. A.M. from the causes and on the date stated above.			
J	22a. SIGNATURE	22b. DATE			
Į	Miles & Harrison	ALD. ATTENDING MED. STAFF PHYS. May 24, 941			
	22c, PHYSICIAN'S	22d. ADDRESS			
1	NAME (Type) MAICALM D. HARRISOL	V 4535 Girma St NW Warts. De			
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (Stata)			
	and and the second of the seco				
	<u>burial</u> '				
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE			
	1 At Husen 1 2901 1486N	M: MAN O 5 10GG (CUANCES XIII)			

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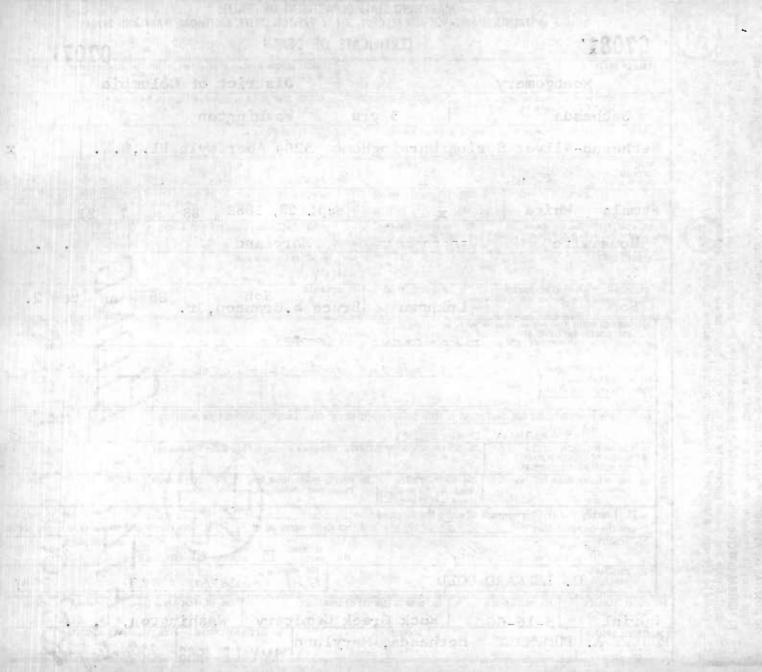
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MARYLAND STATE DEPARTMENT OF HEALTH

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	PLACE OF DEATH	Montgomery	MAF	RYLAND	2. USUAL RESIDENCE (W	here deceosed lived, if institution	tion: Residence	before odmission)
4	write RURAL and Bethe	f outside corporote limits, give neorest town)	c. LENGTH OF STAY	IN 1b		rside corparate limits, write RU	RAL and give r	neorest town)
		a-Silver Sp	nospitol, give street oddress)	gHom	d. STREET ADDRESS 3284 Ab	erfoyle Pl	N.W.	e. IS RESIDENCE ON A FARM? YES NO S
3.	NAME OF DECEASED (Type or print)	First ETHEL	Middle L		Last RAUSON	4. DATE Mon OF DEATH 5		Doy Year 14 19 66
S. :		4	MARRIED NEVER MARRIE	D 🔲	8. DATE OF BIRTH Sept. 23, 18	9. AGE (In years	Months C	
10o duri	USUAL OCCUPATION ng most of working I House	(Give kind of work done	10b. KIND OF BUSINESS OR INDUSTRY			State, or foreign country)	12. CITIZ	ZEN OF WHAT
	FATHER'S NAME				14. MOTHER'S MAIDEN N	AME	133	
15. (Ye	WAS DECEASED EVER s, no or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dotes of serv	ice) 16. SOCIAL SECURITY NO. Unknown		nformant Sor	son, Jr. San	ne as	Item 2.
		ATH (Enter only one couse per H WAS CAUSED BY: IMMEDIATE CAUSE (o)	r line for (o), (b), ond (c).) CEREBRAL	TH	ROMBOSIS			INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, rise to immediate stating the under lost.	couse (o), (DUE TO	Generaliz	ed to	Antoniose A	2405/S		yeara!
ATION	PART II. OTHER SIG		BUTING TO DEATH BUT NOT RE	LATED TO	THE TERMINAL DISEASE CON	DITION GIVEN IN PART I(o)		19. WAS AUTOPSY PERFORMED? YES NO
CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I	CAUSE OF DEATH	20b. DESCRIBE HOW INJURY (CCURRED.	(Enter noture of injury in P	ort I or Port II of item 18.)		
MEDICAL	20c. TIME OF INJU Hour o.m p.m	10	20d. INJURY OCCURRED While Not While of work of work		CE OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City or town)	(Count	ty) (Stote)
	saw the de	y that (1) (this hospital ceased alive an	ottended the deceased	fram_ and tha	4/19, 11 t death accurred at	9 <u>66</u> ta <u>5/</u> 11:30 M, fram causes	and an the	
	22o. SIGNATURE	Leunanto	961	J.M	D. PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DATE	E SIGNED
	22c. PHYSICIAN'S NAME (Type)					lesville Roa		
I	BURIAL, CREMATIO REMOVAL (Specify) Burial	5-16-66	Rock C	meek	Cemetery	23d. LOCATION (City or To Washingto	n, D.	County) (State)
RC	FUNERAL DIRECTOR	PHMPHREY	Bethesda	Mar	vland 2So. REC'D	BY KEGISTKAK 25b. R	EGISTRAR'S SIG	NATUKE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please amove carbon papers. Pages 1 and 2 should be filed with the State Dept, of Health prior to burial, cremation, or remaval, and one event, within 72 hours after death

VR A15 (4) 20 M 1/66

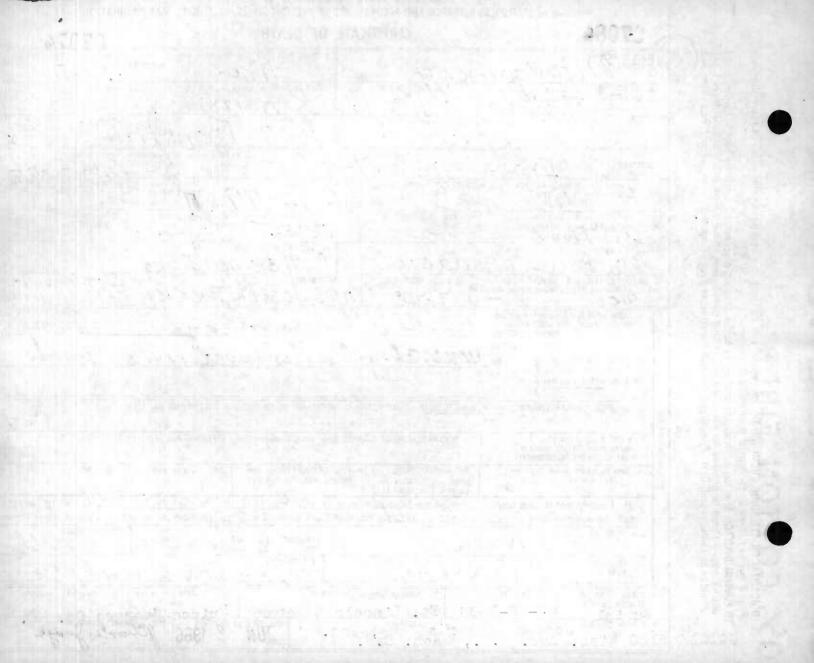


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 07082 deoth PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death the funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY b. COUNTY Montgomery MARYLAND Northumberland b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparate limits, write RURAL and give negrest tawn) 58 days Bethesda Atlas d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? hin 72 illed i U. S. Naval Hospital YES NO TO 222 W. Savlor Street W. 3. NAME OF Middle Last 4. DATE Manth carbon Doy Year DECEASED William James BRANZ 166 May (Type or print) DEATH SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months Days Haurs Male WIDOWED DIVORCED 24 Mar 1915 Cauc. 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. 8IRTHPLACE (County & State, or foreign cauntry) during mast af warking life, even if retired)
U. S. Navy (Retired) U.S. Government COUNTRY? Conersville, Penn.
14. MOTHER'S MAIDEN NAME IISA 13. FATHER'S NAME physic ottending phy or remaya Modesto J. BRANZ UNKNOWN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 222 W. Saylor Adst., Atlas, Penn. (Yes, no, or unknown) (If yes give war or dates af service 166-14-3083 Mrs. Catherine BRANZ Yes cremation, 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) INTERVAL BETWEEN burial-tronsit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Carcinoma of pancreas with widespread metastases yd bangis IMMEDIATE CAUSE (a). DUF TO buriol, Conditions, if any, which gave Terminal pulmonary embolism rise ta immediate cause (o), DUE TO stoting the underlying couse TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retained by the hospital or ottending TO FUNERAL DIRECTOR: After this certificate has been s as the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) IFICATION 3 shauld be detached far use with the State Dept. of Heolth YES X NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (County) Hour o.m. factory, street, affice bldg., etc.) Not While at work at wark 21. I certify that (t) (this haspital) attended the deceased from 9 March , 19 66, to 7 May _, 1966 , that 1 (we) las 186, and that death accurred at 11 hopm, fram causes and an the date stated above saw the deceased alive any Mary 22b. DATE SIGNED 9 May 1966 22a. SIGNATURE MED. DIRECTOR ATTENDING director, poge 3 should be filed v M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) U. S. Naval Hospital, Bethesda, Md. Donald K. Roeder, M. D. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Caunty) (State) REMOVAL (Specify) Mt. Carmel, Pennsylvania May 12,1966 St. Peters Cemetery 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR R.A. Pumphrey Funera PDR Fome 25o. REC'D 8Y REGISTRAR VR A15 (4) Milarles Judge 7557 Wisconsin Avenue, Bethesda, Md. 20 M 1/66

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1			Division of STATIS					PARTMENT OF H W. PRESTON STR		TIMORE, MA	RYLAND	21201	
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3)		PLACE OF DEATH D. COUNTY	MONTGOMERY			MARYLA	ND	2. USUAL RESIDENCE a. STATE VIRG			stitutian: R COUNTY	esidence befare HENRI	
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7			AL OR INSTITUTION (IF IN			eet oddress)		d. STREET ADDRESS	DALE	ST.			IS RESIDENCE ON A FARM? ES NO
		NAME OF DECEASED Type or print)		irst BABY		Middle Boy		Last BRENT	4. DATE OF DEAT		Manth 5	Day 24	Year 19 66
	S. :	MALE	6. COLOR OR RACE WHITE	7. MARRIED WIDOWED		NEVER MARRIED DIVORCED		5-24-66		9. AGE (In year lost birthdo		INDER 1 YEAR nths Doys	Haurs Min. 8
			N (Give kind af wark dane life, even if retired)		IND OF I IDUSTRY	BUSINESS OR		11. BIRTHPLACE (County MONTGOMER	r Cou			12. CITIZEN OF COUNTRY?	WHAT USA
	13.	JOSEPH 1	MILTON HOFF	ARTH				14. MOTHER'S MAIDEN REITA		BRENT			
	IS. (Ye	WAS DECEASED EVE s, no, or unknown) No	R IN U.S. ARMED FORCES? (If yes give wor or dates	of service)		SECURITY NO.		OSPITAL RE	CORDS		Address OLNE	Y, MD.	
		18. CAUSE OF DI PART I. DEA	EATH (Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE		(b) (b)), ond (c).) I	1	Ty				INTE	T AND DEATH
		Conditions, if ony	5 DUI , which gove)	(b) B	Ja	teral	au	Pumer	y a	telesto	ais)	10	Coley
		rise to immediat stoting the unde last.		(c)			V	-	1				0
0	ATION	PART II. OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING 1	TO DEAT	TH BUT NOT RELATE	ED TO T	HE TERMINAL DISEASE CO	NDITION GI	VEN IN PART 1(a)		WAS AUTOPSY PERFORMED?
	L CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE	HOW INJURY OCCU	JRRED. (Enter nature af injury in	Part I ar P	art 11 of item 18	3.)		
	MEDICAL	Hour a.r p.r	m. 19	While at war	k □ '	Not While at wark	facto	E OF INJURY (Home, far ory, street, affice bldg., etc	.)		1 45	(County)	(State)
	0	saw the d	fy that (1) (this ha eceased alive an_	spital) atten	ded th	ne deceased fr 19 <u>_66</u> , an	am_ <u>M</u> d that	death occurred a	19 45	M, from cau	ises and	on the date	
		220. SIGNATURE	unes V.	Ku	N	.,	M.C	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		S ATE SIGNI	4/66
1		22c. Physician's NAME (Type) J. P. KE				DW 67			cus, Mo			<i>(</i> ,)
		BURIAL, CREMATION REMOVAL (Specify	5-25-			NAME OF CEMETE			La	LOCATION (City		(County)	(Stote)
27	24	Francis		Layt	to ms	ADDRESS ville, M	ld.	ZSO. REC	D BY REGIS	366	Lay	es Jus	ge.

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RYLAND STATE DEPARTMENT OF HEALTH ON OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) b. COUNTY MARYLAND c. CITT OR TOWN (If outside corporete limits, write RURAL and give nearest town) OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) LEXANDRIA WHEATON d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) hours OAKLEAF DR ON NURSING HOME NAME OF DECEASED OF DEATH 1ARY AGUSTA BRIDGETT (Type or print) 9. AGE (In years | IF UNDER 1 YEAR last birthdey) | Months MAR 27-18 DIVORCED T 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Housewife Own Home Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MARY, A, PARKER Thad Parker 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 12 Odkes Leaf Brive 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (Ifyesgive war or dates of service) Francis D. Bridgett. Alexandria. Va. No 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which (b) geve rise to immediate ceuse DUE TO (a), steting tha underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm,) 20f. (City or lown) 20c. TIME OF INJURY Month, Dey, Yaar Not While factory, street, offica bldg., atc.) While Hour e.m. et work et work 0 17.19. and that death occured at 72.5M, from the causes and on the date stated above. 22a. SIGNATUR ATTENDING DIRECTOR death. Page 4 O FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) F G Cedar Hill Burial Suitland 24 FUNERAL DIRECTOR'S SIGNATURE

W. W. Chambers Co. 517 11th St. S. E.

OI VR A15 (4) 15M 9/60

25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

e. IS RESIDENCE ON A FARM?

YES NO

66

19

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO .

> > (State)

22b. DATE

SIGNED

1 MC

12. CITIZEN OF WHAT COUNTRY

U. S.

(County)

IF UNDER 24 HRS.

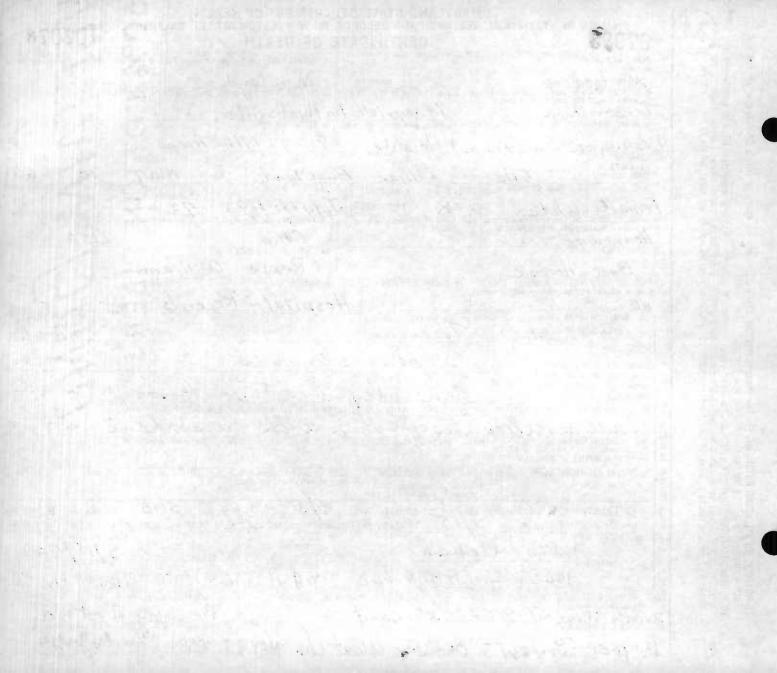
4 " GTOST KA WAR WAR HERE in and and are STANKE DE LEIS toliral bail TE Dele Lant Drive Loge Frenche D. Bridgett, Alexandria, Va. LEFELLE FRILLES WHITER ENDIE IN LAND REPUBLIE ON THE Internal Services Coder Hill T. SM. Barda No. T. W. Charles Co. 317 1156 St. S. S. MAY I I 1956 Vilenta Surja

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS 301 W PRESTON STREET BALTIMORE 1 M/	DVIAND
07086 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	07076
a. COUNTY 1 1 A STATE 4 . A COUNTY .	,
MOTT GOMESY MARYLAND MESTERY. MA	//
	and give nearest town,
d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
10/0/hac. Miles as the fall selection of the first selection of the	- YES NO
3. NAME OF First Middle Last 4. OATE Month OF OFATH WORLD	0ay Year 15 1966
5. SEX 16 SOUGH OF RACE T MARRIED TO THE SEX OF SEX	1 YEAR IF UNDER 24 HRS
DIVORCED SEPT. 27, 1934 /3 yrs. /	18 Hours Min.
during most of working life, even if retired) INOUSTRY	ITIZEN OF WHAT DUNTRY?
13. FATHER'S NAME 14. MOTHER'S MATDEN NAME	U.S.
Wayne P. Brobeck Elizabeth Rohrer	
(Yes, no, or unknown) (If yes give war or dates of service)	
	Item 2.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (8) A 5 Ph. 4 X 1 3 -	ONSET AND DEATH
9298 DUE TO	5Min
gave rise to immediate (
underlying cause lest. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMEO?
20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18	
	2111-
20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, tarm, 20f. (City or town) (active and the control of th	unty) (State)
	and in my opinion
death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined manner	
ACTUAL OL BULL CHIEF MEDICAL EXAMINER CHIEF CHIEF MEDICAL EXAMINER CHIEF CHIEF MEDICAL EXAMINER CHIEF CHIE	22. DATE SIGNEO
OEPUTY MEDICAL EXAMINER \$ 5/16/	66
NAME (Type) SOTTH G. DALL Address (Street, cily, town, or county)Bethes	
REMOVAL (Specify)	
24. FUNERAL DIRECTOR ADDRESS 25a. REC'O BY REGISTRAR 25b. REGISTRAR	
ROBERT A. FUMPHREI, Bethesda, Maryland MAI 19 1966 July	Judge.
	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 201 W. PRESTON STREET, BALTIMORE 1, MA MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lifes, if institutions, research and one property of the property of t

(A)	Items 18-21 Film G378 7/MÁRÝLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120)1
FOR STATE	07087 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	07077
HEALTH DEPT.	1. PLACE OF DEATH Q. COUNTY AARYLAND 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence o. STATE D. COUNTY AARYLAND MARYLAND MARYLAND	
2, and 3 ta PM3. Page partment af after death.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give write RURAL and give negrest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give	nearest tawn)
Pp pp after	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS TO 3 2 Santum Quee:	e. IS RESIDENCE ON A FARM? YES NO
9 5 9	3. NAME OF First Middle Bronson OF Month Of OF STATE OF S	Day Year 1966
haurs after d tem 18. Give Office alang v and 2 with th event within	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1	
24 haurs in Item 18 55 Office 55 Tand 2	10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITI.	ZEN OF WHAT
within 24 pencil in 1 xamingts (13. FATHER'S NAME	J.M.
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Watertown, New	York
shauld be executed ne ward "pending" i ra the Chief Medical burial-transit permit. matian, ar remaval,	IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
auld be ward "I he Chie ial-tran	9210 DUE TO	
ate sh g the v ed ta t s a bur cremat	rise to immediate couse (a), stating the underlying couse DUE TO	1 1 10 9
s certificate shauld be executed be, writing the ward "pending" i farwarded ta the Chief Medical b used as a burial-transit permit.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
INER: This of the certificate, should be fat files. 3 should be usent prior to the certificate.	200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING 200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH Deceased womited and aspirated gastric contest	YES NO
三 9 名 主 5 年	20c. TiME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Cour	(Stote)
AL EXAM	21. I certify that I taak charge of the remains described above, held an Autapsy , Inspection , Inquiry	and in my opinion
MEDICAL EXA please execute director. Page retained far you DIRECTOR: Page ts designated of	death resulted from: Natural causes , Accident , Suicide , Homicide , Underermined marrier	22. DATE SIGNED
o DEPUTY MEDICAL EXAM necessary, please execute the funeral director. Page 4 sm by be retained far your 5 FUNERAL DIRECTOR: Page Health ar its designated age	SIGNATURE SIGNATURE EXAMINER'S NAME (Type) BELOEN REAP M.D. ASSISTANT MEDICAL EXAMINER DEPUTY POICAL TAMPLER May 2 Address (Street, city, lown, or county)	,1966
TO DEPUTY necessary, the funeral 5 may be 10 FUNERAL Health ar ii		County) (Stote)
VR A15ME (5)	24. FUNERAL DIRECTOR Silen Garles 8434 GADDRESS Avenue 250. REC'D BY REGISTRAR 256. REGISTRAR S. SIC	NATURE
ON 1700	Warner E. Pumphrey, Inc. Silver Spring, Md. MAY 5 1966 1	<i>U</i>

Secretary in the second reaction and state of the state The first of the Control of the Cont

1	MARYLAND STATE DEPARTMENT OF HEALTH
(M)	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND, CERTIFICATE OF DEATH
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death funera and death	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission a, STATE b, COUNTY)
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iours after in by the Pages hours aft	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
d in S.	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS (e. IS RESIDENCE
24 hours after filled in by the papers. Pages 1 in 72 hours after	ON A FARM?
thin 2 tely fill you pay within	3. NAME OF First Middle Last 14. DATE Month Day Year
completely ve carbon event, with	(Type or print) Hirst Middle Last 4. DATE Month Day Year OF DECKRASED (Type or print) Ella Lillian Buckland DEATH May 15 1966
comple ve carb event,	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDE
executer and cor emove any eve	
e re in a	10a. USUAL OCCUPATION (Cive kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR life (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
slojan and in	House wife Country?
ta at	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
ding ding The remo	Bud Hodge Rexie Williams
eath certifi attending ermit. The	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service)
death e atter permit. ion, or	No Hospital Records
a ++#	18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH
that the sician. gned by the all-transitial, cremain	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) LINEMEA 2 WEEKS
PHYSICIAN: The faw requires that the hospital or attending physician. this certificate has been signed by detached for use as the burial-transis Dept. of Health prior to burial, crem	446X DUE TO Problem of the second of the sec
uires the physical signs burial.	gave rise to Immediate (b)
required been the or to	cause (a), stating the DUE TO years larged antercolorosis years.
CLAN: The law requirespital or attending precificate has been hed for use as the beart. of Health prior to beart.	PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1/9. WAS AUTOPSY
N: The fatal or at tal or at inficate h for use Health	E Coute diverticulities of colon with hernonhand YES NOW
= 음등은 이	
PHYSICIAN: the hospita this certifi detached fo	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Hem 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
HYS he h this etac Dep	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
ING PI I by th After t After t I be de State	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 4 Hour a.m. 4 Hour a.m. 5 hour at work 5 hour at work 6 hour at work 6 hour at work 7 hour at w
ENDIN ined I IR: Aff ould b	21. I certify that (this hospital) attended the deceased from 4/30, 1966, to 5/15, 1966, that (we) last
TTEN etaine etaine TOR: shoul	saw the deceased alive on 5/15 1966, and that death occurred at 235 A.M., from the causes and on the date stated above
R ATTI e reta RECTO 3 sho	22a. SICNATURE 22b. DATE SIGNED
AL OR DAY be page filed	Jules & Ceallian M.D. ATTENDING MED. STAFF N 5/15/66
TO HOSPITAL OR ATTENDING PHYSI Page 4 may be retained by the h O FUNERAL DIRECTOR: After this director, page 3 should be detact should be filed with the State Dep	22c. PHYSICIAN'S NAME (Type) ULES I. CAHAN, M.D. 22d. ADDRESS WASH. SANY MOSP. TAKOMA PK MD
HOS age FUN rect	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	REMOVAL (Specify)
	24. FUNERAL DIRECTOR ADDRESS 25a. REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR A.15 (4)	Keyser-Burget Beckley West (a DNAY 17 1966 Charles Judge
20M 1/65	1 Jan Midell A wast Car Hur I'm Man

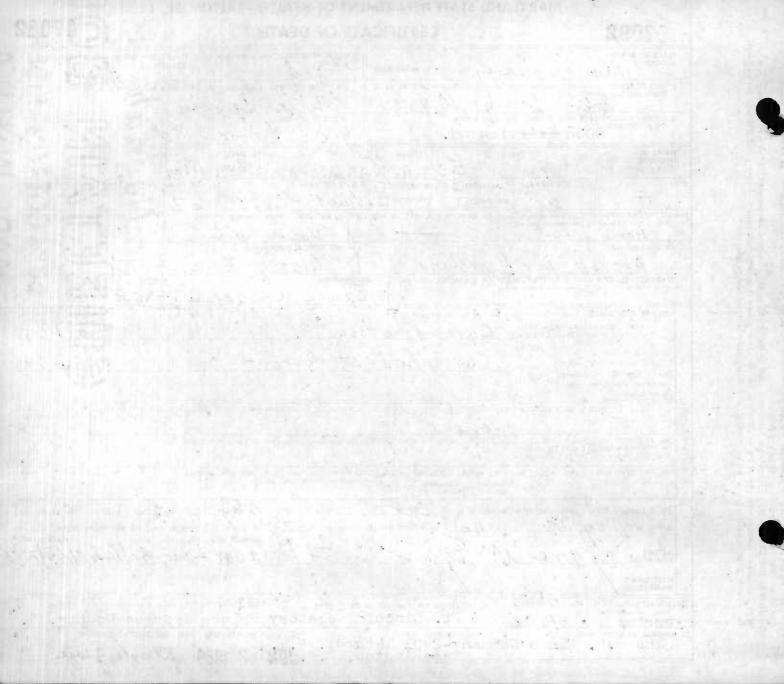


1	07089 CERTIFICATE OF DEATH	07079
1.	PLACE OF DEATH a. COUNTY a. STATE // b. COUNTY	
-	b. CITY OR TOWN (if outside corporate lights, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate lights, write it	lumbiA!
	write RURAL and give nearest town) 3 months District of Co	lumbia
-	d. NAME OF HOSPITAL OR (INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS d. STREET ADDRESS	47-3 . IS RESIDENCE ON A FARM
	NAME OF First First Middle Last 14 DATE Month	M. W YES NO
1	NAME OF First Middle, Last 4. DATE Month OF DEATH Mac. (Type or print) Ruth EVANGELINE BULL DEATH Mac.	28 1966
5	SEX 6. COLOR OR RACE 7. MARRIED MEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeers)	FUNDER 1 YEAR IF UNDER 24 HR
	T WIDOWED DIVORCED 4-20-87 79 yrs.	Months Days Hours Min.
10	Da. USUAL OCCUPATION (Give kind of work lone during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stete, or foreign country)	12. CITIZEN OF WHAT COUNT
_	HOME MAKER HOUSEWITE HOUIARD COUNTY-INDI'L	WA Te.SA
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	S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	L00P
10	(es, no, or unkown) (Ifyesgivawerordelesofservice) — GLEN C. BULL JR. #	2 ABOVE
-	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Similar fraction fractions	1 Morth
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	Conditions, if any, which gever is to immediate cause (b) Africa Salentin cardin 2000 desiran	10 yr
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Z		N IN PART 1(a) 19. WAS AUTOPS PERFORMED?
) IFA		YES NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of itam 18.) OR CONTRIBUTING CAUSE OF DEATH	
100		(County) (State)
MEDICAL	Hour a.m. While Not While st work at work at work	(County) (State)
2	21. I certify that (I) (this hospital) attended the deceased from Milketen, 1944, to 17 d.y	106 6 that (1) (wa) 1
Г	saw the deceased alive on 17.44, 2 \	
	22e. SIGNATURE ATTENDING MED. STAFF	22b. DAT
	M.D. PHYS. DIRECTOR PHYS.	3101
	22c. PHYSICIAN'S NAME (Type) A. D. BOHJEAHT 22d. ADDRESS SCHOOL SPAINCE	MN
2		n or county) (Stete)
1	REMOVAL (Specify) 5/31/66 KOKOMO. I	NDIANA
2.		STRAR'S SIGNATURE
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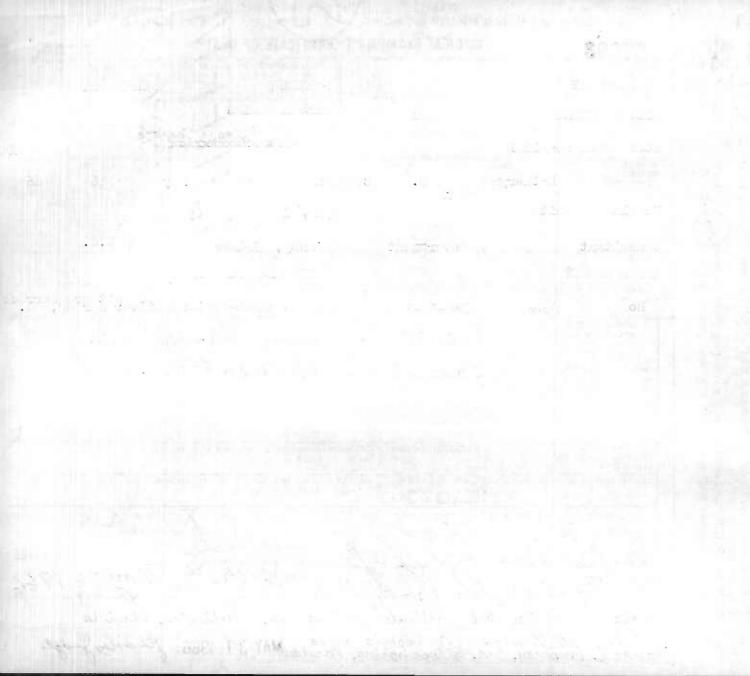
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ARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) as-COUNT Page for your files. MARYLAND Department b. CITY OR TOWN (if outside corporate limits to RUBA) and give natest fown) e. LENGTH OF STAY IN 16 OR TOWN (If outside corporate limits, write RURAL and give nearest town) funeral director. resida d. NAME OF HOSPITAL OR INSTITUTION Lif not in hospital, give, street address d. STREET ADDRESS IS RESIDENCE ON A FARM retained State affer 3. NAME OF 4. DATE Month Day Ours 3 to the DECEASED OF the (Typa or print) DEATH may be 6. COLOR OR BACE 7. MARRIED NEVER MARRIED 5. SE B. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. 2, and last birthday) Months Hours WIDOWED : DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY 8. Give Pages 1, 7 form PM3. Page done during most of working life, even if retired) File pages 13. FATHER'S NAME 14. MOTHER S MAIDEN NAME in any WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 16. SOCIAL SECURITY NO. 17. permit. with in Item 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN or removal, Office along burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) in pencil DUE TO Conditions, if any, which cremation, geve rise to Immadiata cause S D pending word "pending dical Examiner's DUE TO 38 (a), stating the underlying certificate be used cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 1 19. WAS AUTOPSY CERTIFICATION burial, PERFORMED? Medical YES NO should 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Port I or Port II of item 18.) writing the e Chief Med 0 PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. prior 3 MEDICAL Page 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Steta) fectory, street, office bldg., etc. While Not While execute the certificate, vald be forwarded to the INERAL DIRECTOR: P at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion designated death resulted from: Natural causes Accident / Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL should be for ASSISTANT_MEDICAL EXAMINER DATE SIGNED SIGNATURE its DEPUTY 0 NAME (Typa) 22a. BURIAL, CREMATION. NAME OF CEMETERY OR CREMATORY 22c. 22d. LOCATION (City, town, or sounty (Stete) REMOVAL (Specify) OH 240I FUNERAL DIRECTOR APORESS REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VR A15ME 5M 1/63

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before o. COUNTY MONTGOMERY a STATE MARYLAND b. COUNTY Page 2 D MARVIAND MONTGOMERY b. CITY OR TOWN (If autside carporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If gutside carparate limits, write RURAL and give negrest tawn) ond STLVER SPRING SILVER SPRING DOA d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS Whitmoor e IS RESIDENCE haurs ON A FARM? HOLY CROSS HOSPITAL tem 18. Give Pages YES \square NO S alang with 3 NAME OF First Middle 4. DATE Last Manth Day Year DECEASED 0F Katheryn Chapman 26 within (Type or print) D. May 19 66 DEATH S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED birthday) Manths Days Haurs Female White WIDOWED DIVORCED 24 haurs Office a 1Do. USUAL OCCUPATION (Give kind af wark dane during mast af warking life, even if retired) 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or fareign country) 12. CITIZEN OF WHAT INDUSTRY COUNTRY? Ξ Examiner's Consultant Government Pansy, Alabama 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within pencil \subseteq ABNER DAWSEY EUGENIA WHIDDEN File 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. the Chief Medical (Yes, no or unknown) (If yes give war ar dates at service) hitmore Terrace remaval, Silver pending RALPH CHAPMAN-Husband 266-38-3570 None CAUSE OF DEATH (Enter only one cause per INTERVAL BETWEEN ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY 5 IMMEDIATE CAUSE (a) certificate shauld s a burial-tra crematian, a writing the ward DUE TO Canditions, if ony, which gave to rise to immediate couse (a). DUE TO stating the underlying couse farwarded as burial, nsed (PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO the certificate, ţq pe 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) priar 3 shauld PRIMARY I or CONTRIBUTING I EXAMINER: CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Haur a.m. factory, street, affice bldg., etc.) Nat While may be retained far yaur FUNERAL DIRECTOR: Page at wark at work 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection and in my opinian the tuneral directar. Natural causes death resulted from: Arcident Suicide | Hamicide Undetermined manner CHIEF MEDICAL EXAMINER O DEPUTY ME ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE ō **EXAMINER'S** Health NAME (Type) or county) 23c. NAME OF CEMELRY OR CREMATORY DATE THEREOF 23d. LOCATION (City or Town 23a. BURIAL CREMATION (County) 0 Arlington National Cem. May 1966 Arlington. REC'D BY REGISTRAR VR A15ME (5) 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07094 CERTIFICATE OF DEATH death. funeral 1 and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission PLACE OF DEATH Washington, D.C o. COUNTY The law requires that the death certificate be executed within 24 hours after within 72 haurs after MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town) illed in tages. d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in Maspital, give street address) filled YES NO 30 5th NAME OF lark DATE Year Doy ave carbon Shreve (Type or print) DEATH S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED lost birthdoy) Months Dovs Hours WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10b. COUNTRY? during most of working life, even if retired) **INDUSTRY** Vi/rginia 13. FATHER'S NAME 14. MQTHER'S MAIDEN NAME crematian, or remaya 15. W/S DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Clark (above ad-Gertrude V. 578-07-9520 Mrs. cress) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART 1. DEATH WAS CAUSED BY: signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (o) **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse as the priar to l lost 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) of Health YES NO this certificate a 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. foctory, street, office bldg., etc.) Not While 1966, to. 21. 1 certify that (1) (this haspital) attended the deceased fram. _, 19 ___, that (I) (we) las and that death accurred at Sam, from causes and on the date stated above saw the deceased alive an 220. SIGNATURE 22b. DATE SIGNED ATTENDING MED. DIRECTOR M.D. filed PHYS 22d. ADDRESS FUNERAL NAME (Type) SEKNARO 29 CRALD 217 UNIU BLUDE, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify) Wash. 2 Buria Glenwood Cemetery REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Mt.Rainier Nallev's VR A15 (4) 1966 20 M 1/66 Funeral Home Inc. Maryland

Part Ni YA .

+ 1(M		Items 18-21 Film G378 7/MARYRAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120	1
FOR STATE		07095 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	07086
HEALTH DEPT.	1.	PLACE OF DEATH o. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence b. COUNTY) MARYLAND MARYLAND MARYLAND MARYLAND	before admission)
after death. If any delay is 8. Give Pages 1, 2, and 3 ta along with form PM3. Page with the State Department of within 72 haurs after death.	5	b. CITY OR TOWN (If outside corporate limits, write RURAL and give no compared town) A write RURAL and give nearest rown) Compared town Co	6-2
E De S	1	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) (Nash. San + Hospital 10226 Riggs Rd	e. IS RESIDENCE ON A FARM? YES NO
haurs after death. If of tem 18. Give Pages 1, Office along with form and 2 with the State De event within 72 haurs			Doy Year 14 19 66 YEAR IF UNDER 24 HRS.
haurs aft tem 18. C Office alar and 2 with event with	7.	nale White WIDOWED DIVORCED 1-15-47 pst birthdoy) Wonths D	Doys Hours Min.
thin 24 ha not in the notation of the notation of the notation of the notation of the in any even	A.C	D. USUAL OCCUPATION (Give kind of work done industry US ARMY III. BIRTHPLACE (State or foreign country) III. BIRTHPLACE (State or foreign country) WASHINGTON, DC COUNT INDUSTRY US ARMY III. BIRTHPLACE (State or foreign country) WASHINGTON, DC	(TRY)
within 24 Examinate Examination File pages and in any		Clifford Talmadge CLAYTON (LIVING) Jane Rainey	
ecuted ling" in edical E ermit. E	(Ye	. WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (If yes give wor or dotes of service) 213-46-9411 Clifford Talmadge CIAYTON/FATHER/S	
shauld be executed ne ward "pending" i to the Chief Medical burial-transit permit. matian, ar remaval,		IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Lacerations right Ventricle & Multiple	INTERVAL BETWEEN ONSET AND DEATH
shauld e ware o the (ourial-ti natian,		Conditions, if ony, which gove rise to immediate couse (a). DUE TO Traumatic Injuries. (b)	1
certificate shauld be execute writing the ward "pending" arwarded to the Chief Medical used as a burial-transit permit. burial, crematian, ar remaval,		stoting the underlying cause (c)	I 10 WAS AUTODON
This certificate shauld be executed within 24 haurs cate, writing the ward "pending" in pencil in tem 1 be farwarded to the Chief Medical Examinates Office 1 be used as a burial-transit permit. File pages 1 and 2 r ta burial, crematian, ar remaval, and in any event	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
를 그 P.O	AL CERTIF	20b. EXTERNAL CAUSE WAS PRIMARY For CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) Deceased drag racing, lost control of car as	nd crashed
se execute the cert ctar. Page 4 shaulc ned far yaur files. ECTOR: Page 3 shau signated agent, pr	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Of North Mile Of Work of wo	md.
e exect ttar. Pa ted far cCTOR: signate		21. I certify that I taok charge of the remains described abave, held an Autapsy X, Inspection X Inquiry death resulted from: Natural causes Accident X, Suicide , Homicide , Undetermined manner	ond in my opinion
Y MED y pleas all directions are retained at DIRI		ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER CHIEF CHIEF MEDICAL EXAMINER CHIEF CHIE	22. DATE SIGNED
O DEPUTY MEDICAL EXAMI necessary, please execute the the funeral directar. Page 4 5 may be retained far yaur O FUNERAL DIRECTOR: Page 3 Health or its designated age	230	NAME (Type) / SELDEN / KEAD, M.D. Address (Street, city, town, or county)	(4) 1966 (Stote)
10 He He	24	SEMANN (Specific) 5/17/1966 HRLINGTON NATL CETY, HRLINGTON A FINISPAN DIDECTOR	, PA.
VR A15ME (5)	1	Such Cotton Bars Ive SILVEN SPRING HE MAY 18 1966 25h REGISTRAR STEEL	Judge

	MA DIVISION OF STATISTICAL RE	SEARCH AND RECORDS.	ARTMENT OF HEA	ALTH EET, BALTIMORE	1. MARYLAND
1	07096	CERTIFICATE	OF DEATH		07087
7	PLACE OF DEATH		2. USUAL RESIDENCE (W	here dacessad lived, If Inst	itution: Residence before edmission
	. COUNTY Mantanmend	MARYLAND	e. STATE	b. COUNTY	
-	b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outsi	da corporate limits, write RI	JRAL end give nearest town)
	TAKOMA PARK	35 min.	Silver 3	prings	15-1
	d. NAME OF HOSPITAL OR INSTITUTION (if no	ot In hospitel, give street eddress)	d. STREET ADDRESS	er izigs	e. IS RESIDENCE ON A FARM?
	Washington San. NAME OF First	+ Hospital	805 Herw	in Road	YES NO
3	NAME OF First	Middla	Last 4. D	ATE Month	Day Year
	(Typa or print) Holly	Anny C	oLie D	EATH MAY	14 1966
6.30	SEX 6. COLOR OF RACE 7.	MARRIED NEVER MARRIED 8.	DATE OF BIRTH	9. AGE (In years IF last birthday)	UNDER 1 YEAR IF UNDER 24 HRS.
1		/IDOWED DIVORCED	9-28-65	O yrs.	16 Hours Min.
1	On. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	Y 11. BIRTHPLACE (County & S	tata, or loreign country)	12. CITIZEN OF WHAT COUNTRY
_	None	None	1/Aryland	No.	Amer.
1	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
7	Bill Colie	2 Ltd Cocket SECURITY NO. 1 47. T	Elfriede	Sorge	/
(5. WAS DECEASED EVER IN U.S. ARMED FORCES Yas, no, or unkown) (Ifyesgivewerordetesofservi	ce)	NFORMANT		
-	18. CAUSE OF DEATH Enter only one cau	None Rec	ord-Washingto	n Jan + Hay	O. TAKEMATERK ME
1	PART I, DEATH WAS CAUSED BY	3 1///-	+ No/a + = a/a	C II	ONSET AND DEATH
	1-16.1-	engenital Hear	t Defect è cle	t-Tpa/qie	
	Conditions, if any, which \ (b)	Preumonitis			24 hrs
	gave risa to immadiate causa	FUER MONITIS			- Mo
	(e), stating the underlying DUE TO cause last.				
2	PART II. OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DI	SEASE CONDITION GIVEN	
ATIC					YES NO P
CEPTIEIC	208. ACCIDENT WAS UNDERLYING 2	Ob. DESCRIBE HOW INJURY OCCURRE	D. (Entar nature of injury in Part I	or Part II of item 18.)	
CEB	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
I V	20c. TIME OF INJURY Month, Day, Year	20d. INJURY OCCURRED 20a. PLA	CE OF INJURY (Homa, farm, 20 ory, streat, office bldg., atc.)	f. (City or town)	(County) (Steta)
MED	Hour a.m. p.m. 19	Whila Not While factor at work at work	sry, streat, office blog., alc.)		
	21. I certify that (I) (this hospital)	attended the deceased from	may 14, 1966	, to may	4., 19.66, that (I) (we) la
	saw the deceased alive on	14 1966 and that	death occurred at 550 M	, from the causes and	d on the date stated above
	22a. SIGNATURE	2	ATTENDING MED	STAFF	22b. DATE SIGNE
-		mor MD M.	D. PHYS. DIRECTO	OR PHYS.	may 15, 1966
	22c. PHYSICIAN'S NAME (Typa)	/ 04 2	22d. ADDRESS	1	
_	HILEN J. GO	ardner, M.D.	1807 Eldon		er Spring, Md.
2	3a. BURIAL, CREMATION, 23b. DATE THEREO			LOCATION (City, town	or county) (Steta)
_	Burial 17 May 190	66 Parklawn Ceme.		ockville, Ma	
2	4 FUNDRAL DIRECTOR'S SIGNATURE	8434 Georgia Au	enue 250. REC'D BY	REGISTRAR 256. REGIS	TRAR'S SIGNATURE
1	Warner E. Pumphrey, Inc	2. Silver Spring,	Md. MAY 20	1908	
	E .75193			j*	

The state of the s THE STATE OF THE S

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 07097 executed within 24 hours after death the funerol oges 1 ond 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY a. STATE Maryland Montgomery MARYLAND b. CITY OR TOWN (If autside carparate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest town)
Bethesda (Rural) 35 days Annapolis e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS hin 72 filled U. S. Naval Hospital 53 Cornhill Street NO X 3. NAME OF Middle 4. DATE Month Day DECEASED 1966 Marv Linville Collins DEATH May (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH last birthday) 61 yrs. Months Days Haurs Sept. 18,1904 DIVORCED Female Cauc. WIDOWED 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? during mast af warking life, even if retired)
Housewife INDUSTRY and Kentucky USA physicial 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME removo OR ATTENDING PHYSICIAN: The law requires that the death certi Samuel Linville Jennie Collins Annapolis, Maryland 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, na, ar unknawn) (If yes give war ar dates af service) Capt. Ross F. Collins, 53 Cornhill St.,/ 213 34 8684 no cremation, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c))
PART I. DEATH WAS CAUSED BY:

Congestive Heart Failure ONSET AND DEATH buriol-transit IMMEDIATE CAUSE (a) signed by DUE TO Canditians, if any, which gave nse ta immediate cause (a), DUE TO stating the underlying cause this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? Carcinoma of breast with widespread metastasis YES T NO X 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item IB.) 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (Caunty) (State) 20c. TIME OF INJURY Manth, Day, Year foctory, street, affice bldg., etc.) Nat White at wark at work TO FUNERAL DIRECTOR: After ro Hospital or Attenbin Poge 4 may be retained by 21. I certify that (x) (this haspital) attended the deceased fram Mar. 29, 1966, to May 3, 1966, that (x) (we) las saw the deceased alive an May 3, 1966, and that death accurred at 755A, M, fram causes and an the date stated above saw the deceased alive an May 3 22b. DATE SIGNED 220. SIGNATURE MED. DIRECTOR STAFF PHYS. May 3, 1966 M.D. U.S. Naval Hospital, Bethesda, Md. PHYSICIAN'S Ge Robert C. Cochran, M. D. NAME (Type) 23a. BURIAL, CREMATION, REPOYNLES (Septify) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) (State) At Lington Mathonal 24 FUNERAL DIRECTOR Sons, 147 Duke of Gloucester 147 Duke of Gloucester VR A15 (4) 20 M 1/66 DMAY St. Annapolis, Md.

The Sallegell Envell . I . I Espp. 18,250) | 62 Cornel Carpet Jennie Gelling and antiques te en con Capt. Boat P. Califor, the Cornects to ... souting from svires will ... Chromosov heavyeebly data in the Voy minetered A Court C. Costran, M. D. T. Cown Liverital, House the Contract of the Court of the And but the second to he A blood some control of a July M. Livyor & Sons, 157 soice of Wienesson Property and a company of the same LANGE OF THE PROPERTY OF THE PERSON OF THE P

1 (M	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA	ADVI AND
- E2-	07093. CERTIFICATE OF DEATH	02089
24 hours after death. filled in by the funeral appers. Pages 1 and 2 n 72 hours after death.	1. PLACE OF DEATH a. COUNTY b. COUNTY b. COUNTY b. COUNTY	sidence before admission)
after the	b. CITY OR TOWN (if outside corporate limits, write RURAL apd give nearest town) MARYLAND c. CITY OR TOWN (if outside corporate limits, write RURAL apd give nearest town)	nd give nearest town)
ours in by Pag-	SIVER SORING 4 days SUKESVILLE Hd.	6-2
24 ho filled in 72 h	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	3. NAME OF FIRST MIDDLE LEST 14. DATE MONTH	YES NO NO Day Year
executed within 24 hours and completely filled in by remove carbon papers. Pag any event, within 72 hours.	(Type or print) Bridge (GIRLA) Colson DEATH 5	2 1966
cute of cou	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 Months IFUNDER	YEAR IF UNDER 24 HRS. Days Hours Min.
- E	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CIT	IZEN OF WHAT
icate be physician in please re val, and in it	HINDR MONIGONERY, Hd.	U.S.A.
certifica Iding ph Then removal	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. FATHER'S NAME 16. MOTHER'S MAIDEN NAME 17. MOTHER'S MAIDEN NAME 18. MOTHER'S MAIDEN NAME	
eath certifica attending ph ermit. Then in, or removal	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service)	
death c he atten permit. ition, or	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
t the an. I by t ansit	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bilateral atelectasis	ONSET AND DEATH
s tha iysici ignec rial-tr	757/ DUE TO	
quire ng ph een s een s to bu	Conditions, If any, which gave rise to immediate cause (a), stating the DUE TO Conditions, If any, which (b) Post-operative repair of meningomyelocele DUE TO	
aw re ttendi has b as th prior	underlying cause last. (c)	19. WAS AUTOPSY
i. The law requires that the deat all or attending physician. Ifficate has been signed by the at for use as the burial-transit permited the prior to burial, cremation,	E CONTROL ON THE STATE OF THE S	PERFORMED?
25 T 15	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	
ing PHYSICIAN d by the hospit After this certii i be detached fi State Dept. of I		ty) (State)
JING PHYSI d by the h After this d be detac s State Dep	ZOC. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (Coun factory, street, office bldg., etc.)	
tained to to the	21. I certify that (1) (this hospital) attended the deceased from 4/38, 19 6 to 5/2, 19 6 saw the deceased alive on 19 6, and that death occurred at 6 M, from the causes and on the	that (I) (we) last
L OR ATTEND y be retained DIRECTOR: A age 3 should lied with the		TE SIGNED
TAL OR may be AL DIR page e filed	M.D. PHYS. DIRECTOR PHYS. 122d. ADDRESS.	2/60
ro Hospital Page 4 may O FUNERAL director, page should be file	NAME (Type) MARVIN PHONES 1110 Spring >> Silver	som ma
Pa To F dir	23a BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or coun	(State)
n. n.P	24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
VR AI5 (4) 20M 1/65	6-11 Waltz, Gox241, Sylamile. Mil MAY 4 1966 Charles	

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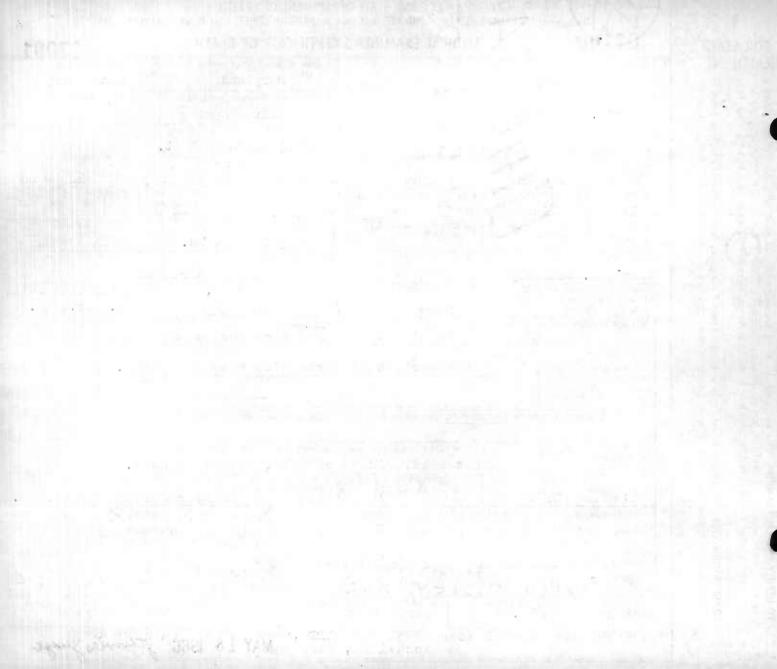
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07095 CERTIFICATE OF DEATH within 24 haurs after decth the funeral ages 1 and O. COUNTY 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY MARYLAND Northumberland c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) . CITY OR TOWN (If outside corporate limits. LENGTH OF STAY IN 16 RURAL and give nearest town) papers. Pagi hin 72 hours o thesda e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS within YES NO NAME OF Middle 4. DATE Lost Year DECEASED OF DEATH (Type or print) 19 66 S. SEX 6/ COLOR OR RACE 8. DATE OF BIRTH 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months 6 Haurs WIDOWED DIVORCED and in any 10g, USUAL OCCUPATION (Give kind of work done 10b. KINO OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or fareign country) during mast of working life, even if retired).
Movie Projectionist Movies COUNTRY? 13. FATHER'S NAMI 14. MOTHER'S MAIDEN NAME remaval phy PHYSICIAN: The law requires that the death certif 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no. ar unknown) ((If yes give war ar dates af service) 16. SOCIAL SECURITY NO. 17. INFORMANT Unknown 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Congestive heart failure IMMEDIATE CAUSE (a) þ be retained by the haspital ar attending physician. DUE TO Rheumatic aortic valvulitis, chronic Conditions, if any, which gove vears rise ta immediate cause (a), DUE TO stating the underlying cause this certificate has been 19. WAS AUTOPS'
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) far use Health nse YES X NO F 20g. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year Haur o.m. 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, (City ar tawn) (County) (Stote) factory, street, affice bldg., etc.) Not While at work TO FUNERAL DIRECTOR: After 19 6C to . 19 Sthot (1) (we) los 21. I certify that (1) (this hospital) attended the deceased from___ 1966, and that death occurred at 642 M, from causes and on the date stated above sow the deceased alive on_ 22a. SIGNATURE 22b. DATE SIGNED **ATTENDING** DIRECTOR M.D. PHYS. directar, page shauld be filed Page 4 may b 22c. PHYSICHAN'S 22d. ADDRESS NAME (Type) 23a. 8URIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Tawn) (County) Burransit 5/6/1966 St. Edwards Cemetery Shamokin, Pennsylvania **ADDRESS** 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Robert A. Pumphrey Bethesda, Maryland

minted and analysis of the property of the state of the s Token S. Burgung and and an analysis of the second second second second second

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07100 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) b. COUNTY Montgomery o. STATE o. COUNTY 2, and 3 to PM3. Page Montgomery Maryland af. after death. MARYLAND Department b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) DOA Silver Spring Silver Spring d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS e. IS' RESIDENCE ON A FARM? with the State Dep m 18. Give Pages 1, fice alang with form Holy Cross Hospital 12217 Centerhill St. NO X 24 haurs after death. 3. NAME OF Middle 4. DATE Lost Month Year DECEASED 19 66 Connelly May Donald Lynn (Type or print) DEATH B. DATE OF BIRTH 9. AGE (In years S. SEX 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED lost birthdoy) yrs. Months Hours 11/23/53 White Male WIDOWED DIVORCED event 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (Stote or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY **COUNTRY?** Ony (Sandy Spring, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME This certificate shauld be executed within penci Donald L. Connelly Vera Estelle Swartzbach File ond 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 17. INFORMANT Stepfather, Address 12217 Centerhill 16. SOCIAL SECURITY NO. ar remayal. Roland Repass Sil. Spr., Md. None 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: Multiple INTERVAL BETWEEN ONSET AND DEATH Multiple extreme injuries including IMMEDIATE CAUSE (o) e, writing the ward farwarded to the Ch used as a burial-tra burial, crematian, DUE TO transection of aorta with exsanguination. Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse 19. WAS AUTOPSY PERFORMED? PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) please execute the certificate, NO [0 shauld be 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 5 may be retained far your files.

TO FUNERAL DIRECTOR: Page 3 shauld I Health ar its designated agent, priar PRIMARY or CONTRIBUTING Deceased, riding bicycle, struck by auto. CAUSE OF DEATH. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Doy, Year factory, street, office bldg., etc.) Not While 5/12 1966 Silver Spring Montg. Md. ot work 21. I certify that I taak charge of the remains described above, held an Autapsy 🔀, Inspection X, Inquiry , and in my apinian the funeral director. death resulted from: Natural causes [Ascident X Suicide . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE _ EXAMINER'S BELDE Address (Street, city, town, or county) 23b. DATE THEREOF 5/16/66 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) Darnestown, 23o. BURIAL, CREMATION, Mary Land (Stote) Darnestown BIREMOVAL (Specify) ADBRESS Rockville PaskRECD BY REGISTRAR THE WHIPELER Funeral Home 2Sb. REGISTRAR'S SIGNATURE Ochanles Rockville, MarylamMAY VR A15METS

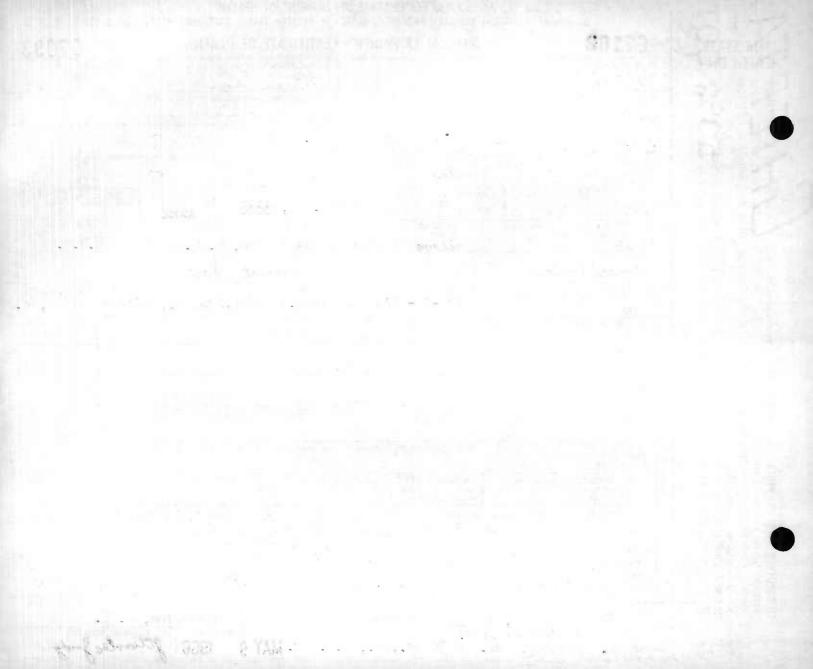
Items 18-21 Film G378 6/MARYLAND STATE DEPARTMENT OF HEALTH



AT _	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Ttems 8.9 Film G377 6/7/66 mh
. (M)	17101 Items 8,9 Film G377 6/7/66 mh CERTIFICATE OF DEATH Reg. Dist. No. 07092
Filed with	1. PLACE OF DEATH Montgomery a. COUNTY Montgomery MARYLAND 2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) o. STAT Maryland b. COUNTY Montgomer
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Kensington C. LENGTH OF STAY IN 1b Kensington
00	d. NAME OF HOSPITAL (If not in hospital, give street address) Apt. 715 d. STREET ADDRESS 10225 Kensington Parkway Yes No A FARM?
	3. NAME OF DECEASED (Type or print) First Middle Louise Conner OF DEATH May 3 1966
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 10 Page 1 Punder 1 YEAR IF UNDER 24 HRS. 10 Page 1 Punder 1 YEAR IF UNDER 24 HRS. 10 Page 1 Punder 1 YEAR IF UNDER 24 HRS. 10 Page 1 Punder 1 YEAR IF UNDER 24 HRS. 10 Page 1 Punder 1 YEAR IF UNDER 24 HRS. 10 Page 1 Punder 1 YEAR IF UNDER 24 HRS. 10 Page 1 Punder 1 YEAR IF UNDER 24 HRS. 10 Punder 1 Punder 1 YEAR IF UNDER 24 HRS. 10 Punder 1 Punder 1 Punder 1 Punder 24 HRS. 10 Punder 1 Punder 1 Punder 1 Punder 24 HRS. 10 Punder 1 Punder 1 Punder 1 Punder 24 HRS. 10 Punder 1 Punder 1 Punder 1 Punder 1 Punder 24 HRS. 10 Punder 1 Punder 1 Punder 1 Punder 1 Punder 24 HRS. 10 Punder 1 Punder
A	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSOWIFO Richmond, Va.
9	James Stephenson 14. Mother's Maiden Name Ella D. Deupree
	IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT NO. or unknown] 16. SOCIAL SECURITY NO. INFORMANT ST. S. Sp. Md
ind in any event with	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate cause (o), stating the under-lying cause lost. (c) INTERVAL BETWEEN ONSET AND DEATH DUE TO Conditions, if any, which gave rise to immediate cause (o), stating the under-lying cause lost.
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO SO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port II or Port II of item 18.)
	20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 20d. INJURY OCCURRED While Nat while of wark at work at work
	21. I certify that I ottended the deceased from
1	ACTUAL SIGNATURE To hu & Concrete M.D. 9400 CONN. AVE 5/3/66 PHYSICIAN'S NAME (Type) VO HN E. EVERETT Kensuigton, Md.
	22c. NAME OF CEMETERY OR CREMATORY Prince Georges County, Md. Lincoln Cemetery Prince Georges County, Md.
of the same of the	23. FUNERAL DIRECTOR'S SIGNATURE The S.H. Hines Company Washington, D.C 246. REC'D 87 REGISTRAR 246. REGISTRAR'S SIGNATURE COMPANY 5 1966

to the work of the stander MILES STORY NAME TO A PARTY OF THE State of the S The state of the s The state of the s A - The same to real this content the first owner again.

G378 6/MARYLANDISTATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07102 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) O. COUNTY D P.M.3. Page o after deoth. omeros MARYLAND ond 3 b. CITY OR TOWN (If autside corparate limits, corparate limits, write RURAL and give nearest town c. LENGTH OF STAY IN 16 and give negrest town) d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Deg Office olong with form hours Give Pages 1, YES | NO 24 hours ofter death. NAME OF Middle DATE Manth Doy Year within 72 DECEASED OOLEY Stanley OF the (Type or print) 1966 DEATH DATE OF BIRTH 1902 with S. SEX 6. COLOR OR RACE IF UNDER I YEAR IF UNDER 24 HRS. (In years Manths Haurs Item 18. 18. WIDOWED event 10b. KIND OF BUSINESS OR 10a, USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during mast af warking life, even if retired) INDUSTRY COUNTRY? Washington, D. .⊆ pencili Exominer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within Richard Cooley Harriet Mast pup File IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address 610 Bonitani permit. (Yes, no, or unknown) (If yes give war ar dates af service) Willie H. Cooley, Street., Silver Spring. Md. removal 577-14-9310 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-tronsit ONSET AND DEATH Acute coronary insufficiency ō IMMEDIATE CAUSE (a) This certificate shauld writing the word 01 cremation, DUF TO Canditians, if any, which gave Arteriosclerotic heart disease rise to immediate cause (a), DUF TO stating the underlying couse D 00 burial, a last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION please execute the certificate, NO ogent, prior to 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) should PRIMARY ar CONTRIBUTING CAUSE OF DEATH. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (Stote) 20c. TIME OF INJURY Manth, Day, Year (County) Hour a.m. factory, street, affice bldg., etc.) Not While FUNERAL DIRECTOR: Poge at work at wark designated 21. I certify that I took charge of the remains described above, held on Autopsy Inspection ond in my opinion Natural couses XX. deoth resulted from? _Accident Suicide Undetermined monner be retained ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 0 EXAMINER'S moy Heolth NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (County) (State) 0 REMOVAL (Specify) Glerwood Washington. ADDRESS 2Sa. REC'D BY REGISTRAR REGISTRAR'S, SIGNATURE VR A15ME (5) Ga. Ave. S.S. Md Pumphrey, 1966 Inc. 6M 1/66



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and and death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. COUNTY b. COUNTY Montgomery Ohio MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b letely filled in by t rbon papers. Page t, within 72 hours a Bethesda. 15 days Barnesville d. NAME OF HI SPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 225 North Braodway Street The Clinical Center, Bethesda, Maryland YES NO X NAME OF DATE Day Middle Last DECEASED event, 19 66 Harold DEATH (Type or print) Dean Grum May AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | Isat birthday) | Months | Days | Hours | Min. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH lease remove and in any eve 5. SEX 31 December 1911 White WIDOWED [DIVORCED [Male 1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 12. CITIZEN OF WHAT 11. BIRT HPLACE (County & State, or foreign country) COUNTRY? USA Automotive Ohio Auto-body repair worker death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Hattie Beabout Harley Crum 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFDRMANT The Medical Record in signed by the attend burial-transit permit. burial, cremation, or re 16. SOCIAL SECURITY NO. (Yes, no. or unkown) (If yes give war or dates of service) The Clinical Center, Bethesda, Md. 20014 286-03-8048 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardiac arrhythmia minutes 2 months Conditions, If any, which Hepatic insufficiency gave rise to Immediate DUE TO cause (a), stating the for use as the Health prior t Rheumatic heart disease 40 years underlying cause last. WAS AUTOPSY CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) After this certificate had be detached for use State Dept. of Health PERFORMED? YES X NO T 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) (State) 20e, PLACE OF INJURY (Home, farm, I (County) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Hour a.m. While at work Not While at work DIRECTOR: Af age 3 should billed with the S 1966 to May 12 19 66 that # (we) last 21. I certify that # (this hospital) attended the deceased from April 27 .19 66, and that death occurred at 12:201, from the causes and on the date stated above. saw the deceased alive on May 12. 22b. DATE SIGNED 22a. SIGNATURE DIRECTOR PHYS. 12 May 12, 1966 TO FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS The Clinical Center, National director, p should be NAME (Type) Institutes of Health, Bethesda, Maryland William W. Parmley BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 23d. LOCATION (City, town or county) (State) 23c. NAME OF CEMETERY OR CREMATORY Barnesville, Ohio Crestview Cemetery Burial-transit 5-13-66 25a. REC'D BY REGISTRAR | 25b, REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Bethesda, Maryland MA ROBERT A. PUMPHREY

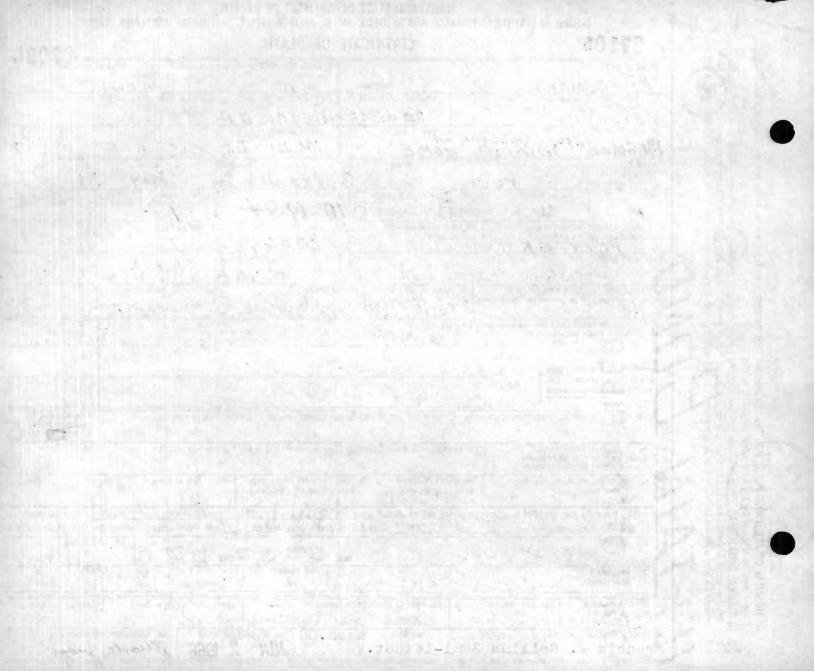
MARYLAND STATE DEPARTMENT OF HEALTH

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The College of the Country Borden, we shad not been account to the second THE CONTRACT OF STREET STREET At 1121 money of 15 to the event of the AND STREET Charles william to the control of the co droome stated have been a second beauty and the Proped Continue For a second to the color of th Almington orbins and the state of t Mesesto raced bisemans Miletine of Charles and Charles of Market States of Market States of States And the state of t

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH within 24 haurs after deoth deoth the funeral 2-USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) PLACE OF DEATH COUNTY b COLINTY papers. Pages 1 hin 72 hours after MARYLAND dmere TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write BURAL and give neares (awn) = NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADORESS e. IS RESIDENCE ON A FARM? filled YES NO X TE M NAME OF Middle DATE Month Year corbon Lost Oov completely DECEASED 0F may 19 66 DEATH event, (Type or print) IF UNDER 24 HRS SEX AGE (In years F UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIFO NEVER MARRIED DATE OF BIRTH birthdoy) Months Oovs Hours and in any WIDOWED DIVORCED 8 10o. USUAL OCCUPATION (Give kind of work done 10b. KINO OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT Project Manager Balto, Construct.C COUNTRY please physicion 13. FATHER'S NAME 14. MOTHER'S MANDEN NAME or removol, O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certifi 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no or unknown) (If yes give wor or dotes of service) Unknown Hospital Records cremotion, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (1), (b), ond (c).
PART I. DEATH WAS CAUSEO BY: ONSET AND DEATH burial-transit IMMEDIATE CAUSE (o) by DUE TO signed I burial, Conditions, if ony, which gove rise to immediate couse (o), OUE TO stoting the underlying couse os the hos been Heolth prior to PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? YES IN NO TO FUNERAL DIRECTOR: After this certificate Por 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) of detached (IF EITHER, NOTIFY MEDICAL EXAMINER (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) Hour o.m. While Not While foctory, street, office bldg., etc.) at work L ot work 21. I certify that (I) (this haspital) attended the deceased fram. be retained saw the deceosed alive on_ 5-13-6619 and that death accurred at 2 A. M. fram causes and an the date stated above 22b. DATE SIGNED 220. SIGNATUR ATTENDING MED. DIRECTOR STAFF M.D. PHYS. PHYS. director, poge should be filed 22d. AOORESS 22c. PHYSICIAN'S ED NAME (Type) 23c. BURIAL CREMATION. 23b. DATE THEREOF 23d. LOCATION (City or Town) (Stote) Rurial transit 5-15 -66 AOORESS 2Sq. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 PUMPHREY Bethesda, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07105 CERTIFICATE OF DEATH death. I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) O. COUNTY MONTGOMER) o. STATE b. COUNTY MONT. MARYLAND ofter TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn) 24 hours 20 da THESDA ETHEN hat d. NAME OF HOSPITAL OR INSTITUT campletely filled in d. STREET ADDRESS e. IS RESIDENCE ON A FARM? carban papers. event within 72 YES 🗍 NO I within 3. NAME OF DATE Last Month Doy Year DECEASED 3 1966 DEATH (Type or print) be executed S. SEX AGE (In years IF UNDER I YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH Temove Manths Days Haurs in any WIDOWED DIVORCED gud 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY COUNTRY? requires that the death certificate eas 13. FATHER'S NAM burial, crematian, or remaval, phy en IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address permit. (Yes, no, grunknawn) (If yes give war ar dates af service) INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) signed by the burial-transit p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Canditians, if any, which gove (b) rise to immediate cause (a). DUE TO stoting the underlying couse Page 4 may be retained by the haspital ar attending has been director, page 3 shauld be detached far use as the should be filed with the State Dept. of Health priar to last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? CERTIFICATION FUNERAL DIRECTOR: After this certificate irectar, page 3 shauld be detached far us 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I ar Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City ar tawn) (Caunty) (Stote) Haur a.m. factory, street, office bldg., etc.) While Not While 19 of work 1906, that (1) (we) last 21. 1 certify that (1) (this haspital) attended the deceased fram 1940 to and that death occurred at M. from causes and on the date stated above. sow the deceased alive on. 220. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF DIRECTOR PHYS M.D. PHYS 22d **ADDRESS** PHYSICIAN'S 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION DATE THEREO 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify) 0 2Sq. REC'D BY REGISTRAR 25h REGISTRAR'S 24. FUNERAL DIRECTOR VR A15 (4) lins 3821-14 thSt.NW 1966 COA 20 M 1/66

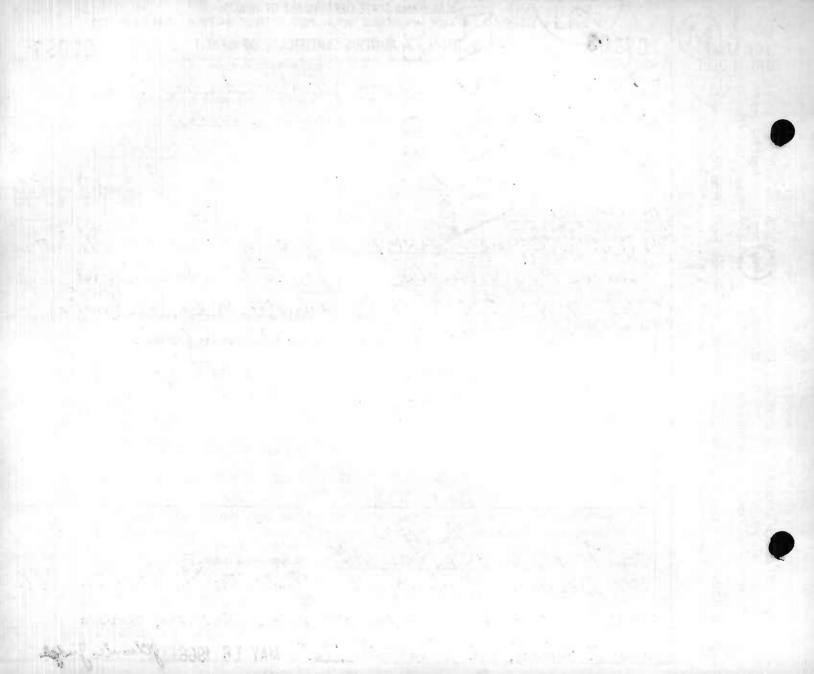


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TTER etair STOR shoulth ti	saw the deceased alive on man 19 19 66, and that death occurred at 730AM, from the cau	ses and on the date stated above.
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TO HOSPITAL OR ATTEND Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the	22c. PHYSICIAN'S NAME (Type) Raymond O. West 831-University Blud.	E. Hyatteville, Md,
TO HO Page To Ful direction Should	REMOVED Specify) May 23, 1966 Parklawn Cemetery Rockville	
*	Warner E. Pumphrey, Inc. Silver Spring, Md. MAY 24 1966 &	. REGISTRAR'S SIGNATURE
VR A15 (4) 15M 4-64	Warner L. Pumphrey, Inc. Silver Spring, Ma. MAY 24 1966 /	marces Judge

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07108 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEP PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) COUNTY Poge of 0 deoth. MARYLAND magnery delay Department ON OR FOWN (If autside carporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 1b TOWN (If outside carparate limits, write RURAL and give nearest town) 2, c. P.M3. P after d. NAME OF HOSPITAL OR INSTITUTION (If not in d. STREET ADDRESS IS RESIDENCE ON A FARM? spitol give street address) hours along with farm NO X ote hours after death. NAME OF DATE Month Dov 72 Lost Year DECEASED OF within (Type or print 0 19 66 DEATH S SEX IF UNDER 1 YEAR AGE (In years IF UNDER 24 HRS. 6. COLO OR RACE 7. MARRIED DATE OF BIRTH birthday) Months Days Hours WIDOWED DIVORCED event CV ono QCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN WHAT dny pages 13. MO' = File and DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT permit. removol, CAUSE OF DEATH (Enter only one couse per line INTERVAL BETWEEN for (o). buriol-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY Ы IMMEDIATE CAUSE word certificate should cremotion, DUE TO forwarded to the Conditions, if ony, which gove writing the rise to immediate couse (a). DUE TO stoting the underlying couse ds last. burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? CERTIFICATION NO the certificate, 0 pe 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 1B.) prigr should PRIMARY | or CONTRIBUTING | should CAUSE OF DEATH. ogent, s 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) Hour o.m Your Not While foctory, street, office bldg., etc.) DIRECTOR: Page 19 Page please execute at work designated Inquiry X 21. I certify that I taak charge of the remains described above, held an Autopsy 🔀 for Inspection and in my opinian the funerol director. death resulted from: Natural causes ccide Suicide Undetermined manner be retoined CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE FUNERAL 0 **EXAMINER'S** may Health NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION 23d. LOCATION (City or Towp) (County) (Stote) 50 BREMOVAL (Specify) lington National 1966 em. ington 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Georgia Avenue VR A15ME (5) 6M 1/66 umphre



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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1. MARYLAND

25b. REGISTRAR'S

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH and 2 The low requires that the death certificate be executed within 24 hours after death. death, filled in by the funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COLINTY b. COUNTY o. STATE onl gome Ry MARYLAND b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
07106

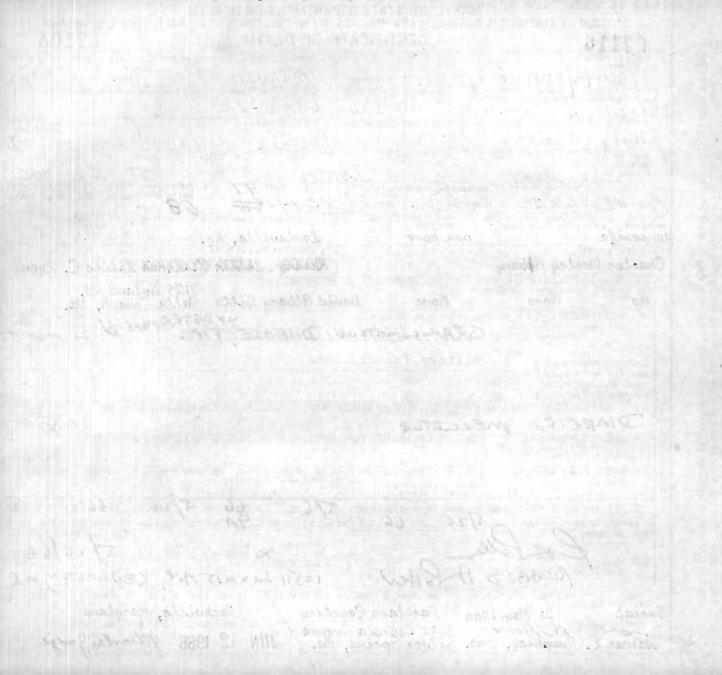
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9	P	art-Own	er	Gla	ass Shop		Charle	s Count	v.Md.	U	UNTRY?	
71	13.	FATHER'S NAM	E				14. MOTHER'S		, ,	1 0		
		Tho	mas B. De	nt			Daisy	P. Hay	den			
	15	. WAS DECEASED	EVER IN U.S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17.	INFORMANTBro	athan	Address	s		
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	1	002	/ DUE T	0								
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1	MEDICAL	Hour a.n	NJURY Month, Day, Y			e. PLAC factor	E OF INJURY (Hory, street, office blo	me, farm, 20f.	(City or town)	(Coun	ty)	(State)
	ME	p.r		While at work	Not While at work	-						
		21. I certif	y that (I) (this hospi	tal) attende	d the deceased fro	m V	TAW	, 1954, to	MAY	19 60	that (I)	(we) last
			eased alive on					at 43 M fr	om the causes a	nd on the	data etal	ed shove
		22a. SIGNATUR			10, uni	u tiiut	death occorred	111, 111	1		TE SIGNED	eu above.
	5	X	1) 10	nun	II V SPIE II	M.D.	ATTENDING PHYS.	MED.	STAFF	-	-11-	56
		22c. PHYSICIA				MI, D,	22d. ADDRES	- DIKEPIOK L	PHYS.			
-		NAME (T)	pe) LEO I.	. DONC	OVAN				in Ave, E	Bethe	sda.	Md.
	23a	. BURIAL, CREM	ATION, 23b. DATE TH	1EDENE	23c. NAME OF CEM	ETCDV			CATION (City, tov			(State)
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	07115 CERTIFICAT	TE OF DEATH	07107
	b. CITY OR TOWN (If outside corporate limits, LENGTH OF STAY IN 1b	2. USUAL RESIDENCE (Where deceosed lived, if institution: Reside of STATE b. COUNTY Virginia Arlingt c. CITY OR TOWN (If outside corporate limits, write RURAL ond gi	on
	write RURAL and give nearest town) Bethesda 2 Days	Arlington	83-3
,	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	U.S. Naval Hospital, Bethesda, Maryland NAME OF First Middle Middle	Last 4. DATE Manth OF	Day Year
	(Type or print) Henry Thornton S. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 1 Male Cauc WIDOWED 01VORCED	B. DATE OF BIRTH 8. DATE OF BIRTH 9. AGE (In years lift under lost birthday) Months Months	28 19 66 R 1 YEAR IF UNDER 24 HRS. Ooys Hours Min.
	June 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired 10b. KIND OF BUSINESS OR INDUSTRY	Sandusky, Ohio	ITIZEN OF WHAT OUNTRY?
State of the state	(Yes, no, or unknown) ((If yes give wor or dates of service))	14. MOTHER'S MAIDEN NAME Louisa Talbott 7. INFORMANT 857 North Lib	
	18. CAUSE OF OEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Output Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. Conditions of Oracle (o), oracle (c)		INTERVAL BETWEEN ONSET AND DEATH
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	OR CONTRIBUTING CAUSE OF CEATH (IF FITHER NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Port I or Port II of item 18.)	
	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19 20d. INJURY OCCURRED While of work of work	PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)	ounty) (Stote)
	21. I certify that (1) (this haspital) attended the deceased fram. saw the deceased alive on 28 May 19.66, and the	26 May , 1966, to 28 May , 19	66, that (I) (we) last
1	220. SIGNATURE Shumes 8 Shumes 22c. Physician's	M.D. ATTENOING MED. STAFF 22b. 22d. AODRESS	S May Co
1	220. SIGNATURE 220. PHYSI (JAN'S NAME (YPP) 120. BURNAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY CO.	M.D. ATTENOING MED. STAFF 72b. PHYS. 22d. AODRESS U.S.Naval Hospital, Bethese	OATE SIGNED S Nlay (Code) da, Maryland (County) (Stote)

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DIRECTOR:

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limit c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If opside corporate fimits, write RURAL and give necrest town) write RURAL and give neerest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give sifeet eddress) STREET ADDRESS e. IS RESIDENCE ON A FARM? ONE 6 YES NO X completely 4. DATE 3. NAME OF First Month Middle Day Year OF DECEASED (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In year IF UNDER I YEAR IF UNDER 24 HRS. 5. SEX B. DATE OF BIRTH last birthday) pue Months Deys Hours WIDOWED DIVORCED 12. CITIZEN OF WHAT COUNTRY? physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) remove done during most of working life, even if retired) armer 13. ATHER'S NAME 14. MOTHER SMAIDEN NAME please ding affen MAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN Address Y/s, no, or unkown) | (If yes give wer or detes of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH ۵ PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) mos. signed DUE TO Conditions, if eny, which (b) gave rise to immediate cause DUE TO (e), steting the underlying cause lest. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) 20c. TIME OF INJURY Month, Dey, Yeer factory, street, office bldg., etc.) While Not While Hour e.m. et work et work p.m DIRECTOR 8 ..., to 1/104 24 1966 that (we) last M, from the causes and on the date stated above.19.6.6., and that death occurred ats. pluods ate 226. DATE 22e. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S Hall, M.D. for W. S. Murphy, Filed 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town (State) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) A 27,1966 PROSPECT H CEMETARY Front Royal, VA. REGISTRAR 256 REGISTRARES VR A15 (4) phrey, Bethesda, Md. 15M 7-62

MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY a. STATE m after after the mary MARYLAND by the Pages CITY OR TOWN (if outside corporate limits, write RURAL) and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ve carbon papers. Pag event, within 72 hours hours CNSINA ron Ξ. filled d. NAME OF HOSPITAL OR WISTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS 00 NO D YES completely i executed within 3. NAME OF First Middle Day Last DATE Month Year DECEASED NOVZN (Type or print) DEATH 0 1966 6. COLOR OR RACE 5. SEX DATE OF BIRTH AGE (in years IF UNDER 1 YEAR IIF UNDER 24 HRS NEVER MARRIED 7. MARRIED last birthday) Months I Hours in any and DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT certificate be during most of working life, even if retired) COUNTRY? 6 14. MOTHER'S, MAIDEN NAME attending 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address 17. INFORMANT r this certificate has been signed by the atten detached for use as the burial-transit permit. e Dept. of Health prior to burial, cremation, or i death (Yes, no, or inkown) (If yes give war or dates of service) 3 INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). that the ONSET AND DEATH DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) the hospital or attending physician. DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO T YES 20a. ACCIDENT WAS UNDERLYING
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CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) After the ld be de Hour a.m. While Not While OR ATTENDING I at work at work 19 TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 1:45 Am, from the causes and on the date stated above. 1966 saw the deceased alive on DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. DIRECTOR TO HOSPITAL O Page 4 may b M.D. PHYSICIAN'S 22d. ADDRESS BURIAL, CREMATION, 23d. LOCATION (City, town or county) (State) 23b. DATE THEREOF MOVAL (Specify) REGISTRAR'S SIGNATURE **FUNERAL DIRECTOR** REC'D BY REGISTRAR 25b 1966 VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. PLACE OF DEATH uner USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY STATE after b. COUNTY MARYLAND ON TEAMERY b. CITY OR TOWN Of outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENCTH OF STAY IN 1b write RURAL and give nearest town) 24 hours hou 드 remove carbon papers. filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NO YES within completely carbon NAME DE First Middle Last 4. DATE Month Day Year DECEASED DF (Type or print) WWS DEATH 1966 executed remove 6. CDLDR DR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED 9. ACE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS | last birthday) | Months | Days | Hours | Min. MIDOWED DIVORCED yrs. 20a. USUAL OCCUPATION (Give kind of work done) 10b. KIND DF BUSINESS OR during most of working life, even if retired) INDUSTRY attending physician rmit. Then please 11. BIRTHPLACE (County & State, or foreign country) lease and in 12. CITIZEN OF WHAT COUNTRY? pe OFFICE The law requires that the death certificate removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Maurice C. Downs Sarah F. Miles 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SDCIAL SECURITY NO. 17. INFORMANT has been signed by the atten as the burial-transit permit. prior to burial, cremation, or (Yes, no, or unkown) (If yes give war or dates of service) outhwest Leona D. Downs Juver pring "laruland CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DNSET AND DEATH) HOSPITAL OR ATTENDING PHYSICIAN: The law requires that ti Page 4 may be retained by the hospital or attending physician. Adenocarcinoma of left kidney with widespread DUE TO metastases Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2) O FUNERAL DIRECTOR: After this certificate h director, page 3 should be detached for use should be filed with the State Dept. of Health | 19. WAS AUTDPSY PERFORMED? YES T ND T 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE DF INJURY (Home, farm, 20f. (City or town) (County) (State) Hour a.m. factory, street, office bldg., etc.) While Not While at work p.m. at work 21. I certify that (I) (this hospital) attended the deceased from 1966. that (I) (we) last and that death occurred at 8154 M, from the causes and on the date stated above. saw the deceased alive on. 22a. SICNATURE 22b. DATE SIGNED ATTENDING PHYS. MED M.D. DIRECTOR PHYS. PHYSICIAN'S 22c. ADDRESS 8641 Colesville Road 22d. NAME (Type) Lennard Gold, M.D. Silver Spring, Maryland BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Burial 1966 Monacacy Cemetery Mau Monacacu Maruland FUNERAL DIRECTOR 24. 25a. REC'D BY REGISTRAR 25b. RECISTRAR'S SIGNATURE Georgia Avenue Inc. VR A15 (4) 2DM 1/65

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After of personal per	21. I certify that (I) (this hospital) attended the deceased from 5/16, 1964, to 3/17, 1966	, that (I) Wellas
	228 SIGNATURE M.D. ATTENDING MED. STAFF 22b. DATE OF STAFF	E SIGNED
TO HOSPITAL Page 4 may for EVNERAL director, page should be filed	22c. PHYSICIAN'S NAME (Type) J. J. H. C. Davidle 22d. ADDRESS 1000 LEBANON 57. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or coun	ty) (State)
TO F Pa TO F dir shc	23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Nay 23, 1966 Arlington National 24. FUNERAL DIRECTOR 60. 18434—Gaaddress Avenue 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	ia
VR A15 (4) 15M 4-64	Warner E. Pumphrey, Inc. Silver Spring, Md. MAY 24 1966 Icharles	Judge

a tra # There is a little of the control of

	PLACE OF DEATH				E (Where deceased lived, if institution	
State Department of 2 hours after death.	o. COUNTY	(on tooms may	MARYL	o. STATE	b. COUNT	Mont. 20.
after death	b. CITY OR TOWN (If o	utside corparate limits,	c. LENGTH OF STAY IN	Ib c. CITY OR TOWN (I	f outside carparate limits, write RURA	L ond give neorest town)
9	Write KUKAL ond gir	ve neorest town) Be thesda	D.O.A.	Bethe	Orahan/Yahu	15-1
6		OR INSTITUTION (If not in he		d. STREET ADDRESS	794944 / PINY	e. IS RESIDENCE
3.	C	buburban		9000	Saunders Lane	ON A FARM? YES NO
3.	NAME OF	First	Middle		4. DATE Month	Doy Year
	DECEASED (Type or print)	Eleanor	Elizabeth	Dunlap lost	OF	23 19 66
S.			ARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
		1400	DOWED DIVORCED	9/23/02	lost birthdoy)	Months Doys Hours Min.
10	o USUAL OCCUPATION (G	ive kind of work done	10b. KIND OF BUSINESS OR	11 BIRTHPLACE (SI	tote or foreign country	8 0 1 12. CITIZEN OF WHAT
dı	iring most of working life	even if retired)	INDUSTRY			COUNTRY?
1:	BALLET H	lousewile	yggyr/spc/pt	14. MOTHER'S MAID	r Land	Uss. A.
oup 1	Richard S. WAS DECEASED EVER IN	Saunders U.S. ARMED FORCES?	16 SOCIAL SECURITY NO.	17. INFORMANT	ie Bean Address	
jo ((es_no, or unknown) (If	Saunders U.S. ARMED FORCES? yes give war or dotes of service	(a) 214-32-9370		Dunlap,	
matian, ar remaval,		H (Enter only one couse per		Edward T.	Juny // Husband	Same as above
9	PART I. DEATH V	MAS CALISED BY.		and an hid and		Sudden
9	8780	IMMEDIATE CAUSE (0) DUE TO	Drug into	OXICATION		Sudden
cremonal,	Conditions, if ony, wh	sials masses a	Overdose of a	acetaminopher	1	
	rise to immediate co	ouse (o),				
	stoting the underlyin	ng couse (c)				
	_		BUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART I(a)	YZGOTUA ZAW QL
NOIL	TAKE II. OTHER STORM	TOTAL CONDITIONS CONTRIB	DOT NOT KEEN	TEO TO THE TERMINAL DISEASE	CONDITION CIVEN IN TAKE I(0)	19. WAS AUTOPSY PERFORMED? YES X NO
3 ~ X	20o. EXTERNAL CAUSE PRIMARY For CONTR	ZAW ZAW	20P DESCRIBE HOW INHIBA UCC	IIDDED /Enter noture of injury	in Part I or Port II of item IB.)	IE3 NO
~ =	PRIMARY Pror CONTR	IBUTING			of drug for her	r arthritis
CERTIFIC	CALISE OF DEATH				_	
CAL CERTIFICATION	CAUSE OF DEATH.	Month Doy Year	20d. INJURY OCCURRED	20e. PLACE OF INJURY (Home.	form. 20f. (City or town)	(County) (Stote)
MEDICAL CERTIFIC	CAUSE OF DEATH. 20c. TIME OF INJURY 5: 3Hour o.m.	Month, Doy, Year 5/23 19 66	20d. INJURY OCCURRED While Not While	20e. PLACE OF INJURY (Home, foctory, street, office bldg.,	form, 20f. (City or town) etc.) Bethesda,	(County) (State)
MEDICAL CERTIFIC	20c. TIME OF INJURY 5 · 30 or o.m. p.m.	5/23 19 66	While Not While of work	foctory, street, office bldg.,	cabin/bohh	
MEDICAL CERTIFIC	20c. TIME OF INJURY 5 · 3 Hour o.m. p.m. 21. I certify the	5/23 ₁₉ 66 hat I took charge of t	While Not While of work of work of work of work of work	foctory, street, office bldg., Home Ive, held an Autopsy	, Inspectian 📐, Inquir	y 🔼 and in my opinio
MEDICAL CERTIFIC	20c. TIME OF INJURY 5 · 30 or o.m. p.m.	5/23 ₁₉ 66 hat I took charge of t	While Not While of work	foctory, street, office bldg., Home ive, held an Autopsy Suicide, Homic	, Inspectian 🔀, Inquiride 🔲, Undetermined mon	y 🔼 and in my opinio
Signaled agent,	20c. TIME OF INJURY 5: 3 by one. 21. I certify the deoth resulted	5/23 ₁₉ 66 hat I took charge of t	While Not While of work of work of work of work of work	foctory, street, office bldg., Ive, held an Autopsy Suicide , Homic CHIEF MEDI	, Inspectian , Inquir ide , Undetermined moi CAL EXAMINER	y 🔼 and in my opinio
esignated agent,	20c. TIME OF INJURY 5: 3 eyr o.m. p.m. 21. I certify the deoth resulted ACTUAL SIGNATURE	5/23 19 66 hat I took chorge of the from: Noturol country John Ly.	while of work of work the remoins described aboves Accident X,	foctory, street, office bldg., Home Ive, held an Autopsy Suicide , Homic CHIEF MEDI M.D. ASSISTANT	, Inspection , Inquiride , Undetermined mon CAL EXAMINER MEDICAL EXAMINER	ry 🔼, and in my opinion nner 🗌
MEDICAL MEDICAL	20c. TIME OF INJURY 5: 3 by one. 21. I certify the deoth resulted ACTUAL SIGNATURE EXAMINER'S	5/23 ₁₉ 66 hat I took charge of t	while of work of work the remoins described aboves Accident X,	foctory, street, office bldg., Ive, held an Autopsy Suicide, Homic CHIEF MEDI M.D. ASSISTANT (DEPUTY ME	I, Inspection N, Inquiride , Undetermined more calexaminer , medical examiner , 5/5	and in my opinion
2 Medical agent,	20c. TIME OF INJURY 5: 3 eyr o.m. p.m. 21. I certify the deoth resulted ACTUAL SIGNATURE	5/23 19 66 hat I took chorge of the from: Noturol country John Ly.	while of work of work with the remoins described about the	foctory, street, office bldg., Home ive, held an Autopsy Suicide, Homic CHIEF MEDIM.D. ASSISTANT I DEPUTY ME Address (SI	Inspection , Inquiride , Inquiride , Undetermined more call examiner , Inquiring the control of	and in my opinion 22. DATE SIGNED 24/66 Desda, Maryland

The same all the second of the The state of the s

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH CERTIFICATE funeral Film G57 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Montgomery Montgomery MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL end give neerest town) Rockville Rockville VesTS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE hours ON A FARM? 304 Baltimere Road 304 Baltimore Road YES NOT 3. NAME OF Middle DATE Month Yeer DECEASED OF (Typa or print) DEATH Inwall 19 66 Virginia May 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR 8. DATE OF SIRTH IF UNDER 24 HRS. ¥. last birthdey) Months WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) USA Housewife Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ida Virginia Sparrow Gideon Draper Briggs 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (Ifyes give wer or detes of service) Mrs. Aimee B. Harper Same as 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED 8Y: Gerebral humorrhege Supertening cardiornaulos disease 2 dans IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which gave rise to Immediate cause DUE TO (e), steting the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY CERTIFICATION PERFORMED? none NO X 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRISE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item, 18.) MEDICAL 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, ferm,) (County) (State) 20c. TIME OF INJURY 20f. (City or town) Month, Day, Yeer factory streat, office bldg., etc.) Not While While Hour a.m. at work at work n.m. 19 59 to Trace 29 1966 that (1) (40) last 21. I certify that (I) (this hospital) attended the deceased from the saw the deceased alive on 29 1966, and that death occurred to the causes and on the date stated above. 22a. SIGNATURE SIGNED ATTENDING DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S 23d. LOCATION (City, town or county) (Stete) 23a. 8URIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Galesville, Maryland 후 Galesville 24 FUNERAL DIRECTOR'S SIGNATURE Q 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 15M 9/60 Barber Laytonsville. Md.

MARYLAND STATE DEPARTMENT OF HEALTH

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Perial June 1, 1966 Galesville Galesville, herviand rancis H. parcer Laytonsville, Md. | 1866 | Parcer |

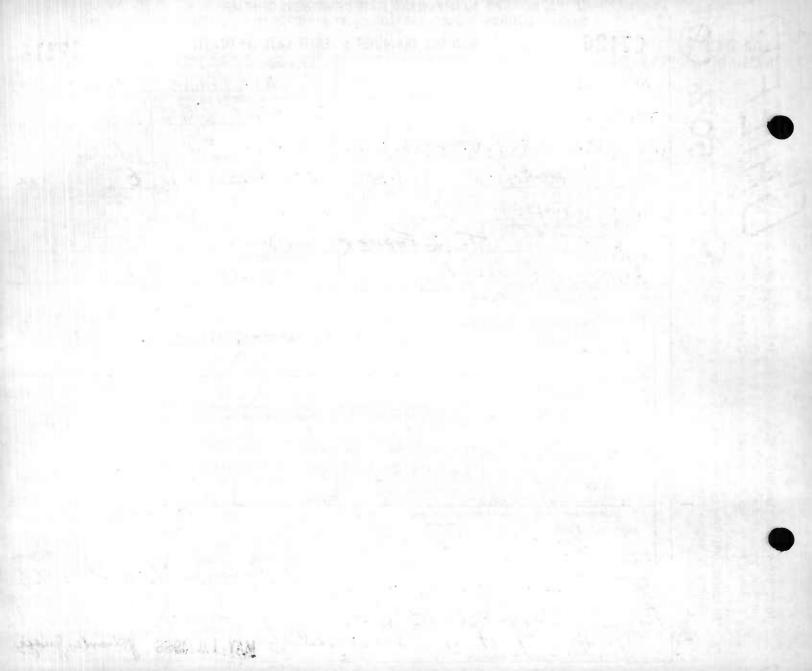
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07124 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death death, attending physician and completely filled in by the funeral permit. Then please remave carban papers. Pages 1 and an, or remaval gadinany event, within 72 haurs after deat 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH o. Montgomery Maryland COUNTY Montgomery MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1h b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Wheaton. Maryland MONTHS 2 IP. CODE 20906 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? University Nursing Home 3802 Elby Court. Wheaton, Md. 90 YES NO IX 3. NAME OF Middle 4 DATE First Lost Month Doy DECEASED 19 66 May 11 Amelia Edelstein (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH Months Hours Aug. Caus. WIDOWED X DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Secretary INDUSTRY Office COHNTRX ? Anne Arundal County, Md 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Philip Aaron Alice Fogelman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) permit. ABOUG 212-22-1150 EDWARDS MARTIAL INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: RIGHT PNEUMONIA IMMEDIATE CAUSE (o) DUE-TO Conditions, if ony, which gave HOY! PLEGIA rise to immediate couse (a), DUE TO stoting the underlying couse as the this certificate has been CEREBRAL THROMBOSIS 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) YES NO for 20o. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) (Stote) Hour o.m. Not While foctory, street, office bldg., etc.) TO HOSPITAL OR ATTENDING Page 4 may be retained by the FUNERAL DIRECTOR: After , 1966, that (I) (we) last 21. I certify that (1) (this hospital) attended the deceased from 5 /29 , 1963, to 5/11 1966, and that death occurred a4:50PM, from causes and on the dote stoted above saw the deceosed alive on___ 22b. DATE SIGNED 220 SIGNATURE ATTENDING angs DIRECTOR M.D. 22c. PHYSICIAN'S 22d. ADDRESS directar, po shauld be f NAME (Type) OBERTS 8907 GEO, AVE, SILVER SPRING 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION. 23b. DATE THEREOF (County) (State) REMOVAL (Specify) Burial Woodlawn, Maryland Beth Thiloh May 13, 1966 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) ocharles Sol. Levinson & Bros, Inc. 6010 Reisterstown RUMAY 20 M 1/66

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			on the second	
	We in the property of			
			201,11 pg 11,1000	

1 1/6	1	Division of STATISTICAL RESEARCH AND RECORDS	PARTMENT OF HEALTH S, 301 W. PRESTON STREET, BALTIMORE 1, M.	ARYLAND
FOR STATE			CERTIFICATE OF DEATH	07117
HEALTH DEPT.	1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution:	Residence before admission)
== = - N	7	MORTGERGE MARYLAND	a. STATE Md. b. COUNTY M	ontgoniery
cessary, of the funeral e 5 may be Department after death.	1	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURA	L and give nearest town)
m mm		Kensington.	Kensington.	/ /
ge 5ge 5ge 5ge 5ge 5ge 5ge 5ge 5ge 5ge 5		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	1 100001/ 1 1 0	e. IS RESIDENCE ON A FARM?
of delay cessary, and 3 to the funeral 3. Page 5 may be seen to State Department 2 hours after death.	3.	NAME OF First D Middle		Day Year
any del 2, and PM3. I h the St n 72 ho	3.	DECEASED (Type or print) Fred	Edvisids DEATH May	9 19 66.
五二年 李五	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IFUNDE	1 YEAR IF UNDER 24 HRS.
for for the form		M. WIDOWED DIVORCED	0 of 2 4,1912 last birthday) Months 53 yrs.	Days Hours Min.
rs after death. If along with form ages 1 and 2 with no any event, within any event, within	10a	USUAL OCCUPATION (Give kind of work done lob. KIND DF BUSINESS DR ing most of working life, even if retired)		OUNTRY?
Giv Giv ng s 1	R	ETIRED ENLISTED USA N/A	TEXAS	USA
ours after 18. Ge along pages 1 in any	-	FATHER'S NAME NNETH MALCOLM EDWARDS (DECEASED)	14. MOTHER'S MAIDEN NAME DAISY VIRGINIA DODSON (DECE	ASED)
Hen Hen Jffice and and			INFORMANT PARKWAY, KENSINGARON, MD	
450	(Y)		BECCA G. EDWARDS/WIFE/10225 KE	NSINGTON /
ited within in pencil is Examiner's sit permit.		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	Insufficency Dute-	ONSET AND DEATH
d be executed "pending" in f Medical Exar burlal-transit cremation, or		1/5-1	Lisus ficerity core	Stidd-D.
dica dica dica dica dica		Conditions, If any, which \ (b) Carelie V2	Scular Disease -	Years
"pending" "pending" [Medical burlal-tran		gave rise to immediate (cause (a), stating the DUE TO		
thoul ford Chief as a ial,		underlying cause last. (c)	THE SECOND STATE OF SOURCE	19. WAS AUTOPSY
ficate sho the worn to the Chi used as to burial	TIO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	PERFORMED?
tiffice to the t	IFIC)	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCC	CURRED. (Enter nature of Injury In Part I or Part II of Item 1	YES NO
R. This certificate ate, writing the forwarded to the 3 should be used agent, prior to bu	CERTIFICATION	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.		
R: Thate, forw	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL fact While Not While	ACE OF INJURY (Home, farm, lory, street, office bldg., etc.) 20f. (City or town) (Co	unty) (State)
the certificates the certificates the certificates the certificates of the certificates the	ME	p.m. 19 at work at work	ald an Autonou Inquiry	and in my oninion
EXAMINE e certific hould be iles. OR: Page signated		21. I certify that I took charge of the remains described above, he death resulted from: Natural causes , Accident , Su	eld an Autopsy, inspection, Inquiry, uicide Homicide Undetermined manner	and in my opinion
the the short fille		death resulted from: Natural Causes X, Accident	CHIEF MEDICAL EXAMINER	
MEDIA: Recute t Page 4 or your L DIREC or its c		SIGNATURE Orban S. Bell	M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
execute execute. Page I for your tal DIRE		EXAMINER'S John G. Ball Bethe		66 -
O DEPUTY MEDIX. EXA please execute the crained for your files. O FUNERAL DIRECTOR: of Health or its design	23:	NAME (Type) 7936 Old Georgetown Road, Maryl	and Address (Street, city, town, or county) RY OR CREMATORY 23d. LOCATION (City, town or co	ounty) (State)
of February of February	230	REMOVAL (Specify)	IONAL CEMETERY, ARLINGTON, VI	
	24	CHINEDAL DIDECTOR. ADDRESS OF	DENNE 25a. REC'D BY REGISTRAR 25b. REGISTRAR	S SIGNATURE
VR AI5ME (5) 5M 1/65	1	Varder E. Pumphrey, Inc. Silver Spring		y Judge

Managar Halls Cethald had given buy to all resources and a series THE NEW YORK AND THE PARTY OF T Harris E. Frieder, Son. Silve Solder, Mr. 18 1855 Pro-6 Prope

-	Items 18-21 Film G378 6/2MARYLAND STATE DEPARTMENT OF HEALTH	
	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21	201
FOR STATE	07126 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	07118
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Reside	
delay is ond 3 to M3. Page rtment of ter death.	O. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceosed lived, it institution: Reside o. STATE MARYLAND ARYLAND ARYLAND ARYLAND	NUGOMERY
nd 3 3. Po	h CITY OF TOWN III outside corporate limits I c LENCTH OF STAY IN 1h	re nearest town)
2, ond 2, ond PM3. portme	Write RURAL and give pagest town) TAKOMA PARIX TO MAY TO HOWN (II duiside Corporate limits, write RURAL and give pagest town) TO MAY SILVER SPRING d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) , d. STREET ADDRESS	15-1
Dep Dep	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS A STREET ADDRESS	e. IS RESIDENCE ON A FARM?
th. I follow	WASHINGTON SANITARIUM NHOSPITAL ROUTE #2	YES NO
d within 24 hours ofter death. If any delay is in pencil in Item 18. Give Pages 1, 2, and 3 to Examiner's Office along with form PM3. Page File pages and 2 with the State Department of and it any event within 72 hours ofter death.	3. NAME OF DECEASED (Type or print) BENJAMIN AUBUST ELLIN, SROF MEATH MAY	Doy Year
fter Giv ong th tl	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In Years IF UNDER	1 YEAR IF UNDER 24 HRS.
s of 18. 2 wit	MALE WHITE WIDOWED \ DIVORCED \ \ 2-14-98 88 yrs. Months	Doys Hours Min.
hours tem 1 Office and 2	10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. C	DUNTRY?
13 S 12 A		· 5 : A .
hin hin	13. FATHER'S NAME	
Exam Exam File and	BENJAMIN ELLIN FLORENCE WILSON 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
This certificate should be executed within 24 hours ofter death. icote, writing the word "pending" in pencil in Item 18. Give Poge be forworded to the Chief Medical Examiner's Office along with for the used as a burial-transit permit. File pages and with the State to burial, cremotion, or removal, and it any event within 72 hours.	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT PATIENT'S CHARI	
ote should be execute g the word "pending" ed to the Chief Medicol o burial-tronsit permit- cremotion, or removol,	18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)	INTERVAL BETWEEN
be "pe "pe nief or r	PART I. DEATH WAS (AUSED BY: IMMEDIATE CAUSE (a) Pulmonary embolism, massive, bilateral.	ONSET AND DEATH
on,	9040 DUE TO	
sho le w o th buric	Conditions, if any, which gave (b)	
g th ed th s o l	stoting the underlying couse Dut 10	
certifico v. writing orworded used os buriol, c	lost.	19. WAS AUTOPSY
ER: This certificate should certificate, writing the word ould be forwarded to the Ches. hould be used as a burial-tray prior to burial, cremotion, or	OF THE STATE COMMISSION CONTRIBUTION TO BEAUTY BUT NOT RECEIVED TO THE TERMINAL DISEASE COMMISSION OF THE TAKE TO	PERFORMED?
This icote, be for the to be to	200. EXTERNAL CAUSE WAS PRIMARY TO CONTRIBUTING TO CONTRIBUTIN	
INER: Thi	PRIMARY M or CONTRIBUTING D CAUSE OF DEATH. Deceased fell at home fracturing left hip.	
sho sho file file a sko	20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Co	unty) (Stote)
AL EXAMINER: execute the certification of the certi	12:30 p.m. 4/30 "66 of work of Home 1SILVER SPEIRE	Montg Md
L E. Recu Recu Pog for Pog arec	21. I certify that I taak charge of the remoins described above held an Autapsy 💢 , Inspection 💢 , Inquiry 💢 ,	ond in my opinion
ttor.	death resulted from: Natural couses Accident Suicide , Homicide , Undetermined manner	
MESTCAL EXAMINER: T please execute the certifical director. Page 4 should by retained for your files. L DIRECTOR: Page 3 should its designated agent, prior	ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
EPUTY MEDICAL sssay, pleose ex funerol director. ay be retoined f INERAL DIRECTO lith or its designed	EVAMINED'S DEPOTY MEDICAL EXAMINES DE MO	71911
O DEPUTY MESTAL EXAMINER: 1 necessary, please execute the certific the funeral director. Page 4 should b 5 may be retained for your files. O FUNERAL DIRECTOR: Page 3 should Health or its designated agent, prior	NAME (Type) / SELDEN / , / EAP / N. D., Addless (Street, city, Town, or county)	1/166
TO DEPUTY necessary, the funero 5 may be TO FUNERAL Heolth or	230 BURIAL (REMATION, 23b, DATE THEREOF 23c, NAME OF CEMPTERY OR CREMATORY 23d LOCATION (City of Town) PREMOVAE (Specify) Therefore 23c, NAME OF CEMPTERY OR CREMATORY TREMOVAE (Specify)	(County) (State)
Carl Carl	24. FUNERAL DIRECTOR 250. REGISTRAR 250. REGISTRAR 250. REGISTRAR'S	SIGNATURE
VR A15ME (5)	Sister Vallers 354 Care MAY 10 1956 for	wees Judge



ral directar, be filed with death. Page .⊆ requires that the death certificate be executed within 24 ha TO FUNERAL DIRECTO The this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 the State Board at Health prior to burial, crematian, or remayal, and in any event within 72 haurs after death. ADING PHYSICIAN: The law TO HOSPITAL OR

VR A15 (4) 15M 9/59 OR

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CLEARANCE

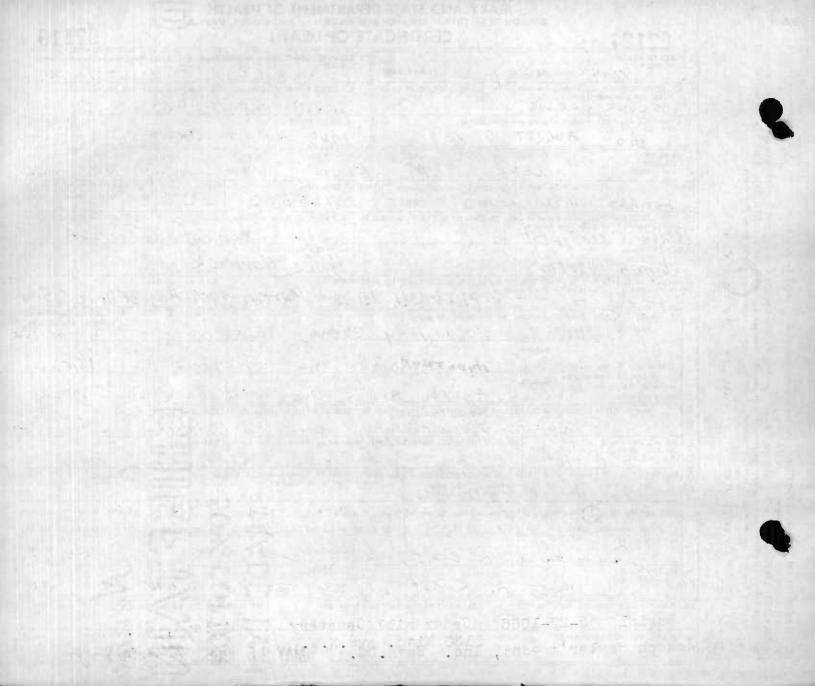
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

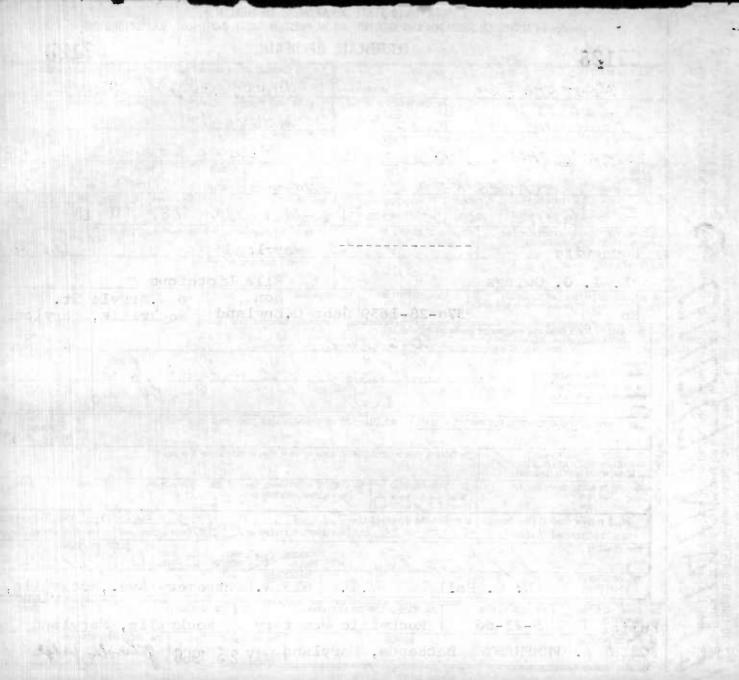
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	116161		CERTIFICA	TE OF PEAT		OCTIO
	PLACE OF DEATH				Where deceased lived. If institution: Resid	dence before admission)
1	O. COUNTY MONTGO	OMERY	MARYLAND	o. STATE	RULAND 6. COUNTY	NIGOMERY
	b. CITY OR TOWN (If outside con	porote limits, write	c. LENGTH OF STAY IN 16		(If outside corporate limits, write RURAL or	nd give nearest town)
	RURAL and give nearest town)	RING		SILVER	SPRING, MD	15-1
	d. NAME OF HOSPITAL (If not in OR INSTITUTION		address)	d. STREET ADDRESS	7	e. IS RESIDENCE ON A FARM?
	1908 A	UGUST D	RIVE	1908 A	LUGUST DRIVE	YES NO Z
3.	NAME OF	First	Middle	Last	4. DATE Month	Day Year
	DECEASED (Type ar print)	ALLENE	M	ELLIS	DEATH MAY	19 1966
5. :	SEX 6. COLOR	OR RACE 7. MARR	HED NEVER MARRIED	B. DATE OF BIRTH		DER 1 YEAR IF UNDER 24 HRS
	FEMALE WHO	TE WIDOWE	DIVORCED	5/25/1	913 St Dirthdoy) Month	s Days Hours Min.
10a	. USUAL OCCUPATION (Give kin during most of working life, eve	d af wark dane 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (SI	ote or foreign country) 12.0	CITIZEN OF WHAT COUNTRY?
1	etired - Clerk-TV	1 400 6		(0.	S-) WashingtonIC	U-5A
13.	FATHER'S NAME			14. MOTHER'S MAIDE		
	James Mari	tin		Hlice	Warwick	
	WAS DECEASED EVER IN U. S. A	RMED FORCES? 16.		NFORMANT	Address	
(10.	s. no, or onknown) (if yes, give we	5	77-28-5381	James W. Ma	rtin-1908-Augus	+ Drive is 5 Mo
	18. CAUSE OF DEATH [Enter of	only one couse per lir	ne for (o), (b), and (c).]	Electronic Co.		INTERVAL BETWEEN
	PART I. DEATH WAS CA	USED BY:	DULMONARY	ED BUA.	ACUTE	2 MINUTE
	253X	DUE TO		/		
	Conditions, if any, which	(b)	HYDOTHYROIL	I'M AND	MYKEDEMA	140000
	gave rise to immediate couse (a), stating the under-	DUE TO				
	lying couse lost.	(c)/	ANEMIA, AC	UTE DUE	TO GI BLEEDING	3 WEEKS
NO	PART II. OTHER SIGNIFIC	CANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TE	RMINAL DISEASE CONDITION GIVEN IN F	'ART 1(a) 19. WAS AUTOPSY PERFORMED?
CAT	tte	PATIC -	INSUFFICIEN	ICY AND	MALNUTRITION	YES NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE	ING DESC	CRIBE HOW INJURY OCCURR	ED. Enter nature of injury	in Part I or Part II of item 18.)	
	(IF EITHER, NOTIFY MEDICAL E)	XAMINER)				
MEDICAL	20c. TIME OF INJURY Month,		I.	LACE OF INJURY (Home, factory, street, affice bldg.,	form, 20f. (City or tawn)	(Caunty) (State)
MED	Hour a.m. p.m.	19 While at world	_ ITOI WINIE _	sciery, meet, arrice biog.,	1	
	21. I certify that (1) (this	hospital) attend	led the deceased fram	10/13	1958, to 5/19 , 19	66, that (1) (we) last
	saw the deceased alive	~ ·			O_M, fram the causes and an	
	22o. SIGNATURE	7				22b. DATE
	Jam	es a. A	Coberts	M.D. PHYS.	DIRECTOR PHYS.	5/19 66 6
	22c. PHYSICIAN'S NAME (Type)	Marie Hall		22d. ADDRESS		
	JA	MEJ A.	ROBERTS	8907 GE	GO. AVE. SILVER S	PRING, MD.
230	BURIAL, CREMATION, 236. DA	ATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town, or count	y) (Stote)
	Burial (Specify) 5-2	23-1966	Cedar Hill	Cemetery	Suitland, Md.	
	FUNERAL DIRECTOR'S SIGNATU	RE	5130 Wisc.		EC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
U	oseph 'awler'	s Sons.	Inc. Wash.	DC . M. " MAY	V 2 5 1066 Minut	es Tudar



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH we carbon papers. Poges 1 opd-2-event, within 72 haurs after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY b. COUNTY ONTGOMERY MARYLAND b. CITY OR TOWN (If outside corporate limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 5 Mos OCKU OCKUILLE e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS Home YES NO P 3. NAME OF Middle Lost DATE Month Doy Year DECEASED OF DEATH 2 FRINE -NGLAND 19 (060 (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH 9. AGE (In years lost birthdoy) Hours DHITE WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife COUNTRY? __INDUSTRY Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal, ottending phys L. I. G. Owings Ella Linthicum 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Son 6 W.Argyle St. (Yes, no, or unknown) (If yes give wor or dotes of service) John O.England 578-28-1639 Rockville. Maryland cremotion, INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY burial-transit URaro IMMEDIATE CAUSE (o) **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the hospitol or attending physicion. DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse this certificate has been last. 00 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION be detoched for use State Dept. of Health NO' 0 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While ot work 21. I certify that (I) (this haspital) attended the deceased fram. 19 66, and that death occurred at 223/7 M, from causes and on the date stated above DIRECTOR: saw the deceased alive an_ 22o. SIGNATURE 22b. DATE SIGNED STAFF PHYS. DIRECTOR M.D. director, poge 3 should be filed v PHYS. 22d. ADDRESS 22c. PHYSICIAN'S O FUNERAL W. G. Hall M. D. W. Montgomery Ave. Rockville NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF 23o. BURIAL, CREMATION, (County) Burial Burial Rockville Cemeterv 5-23-66 Rockville, Maryland 25o. REC'D BY REGISTRAR ADDRESS 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR PUMPHREY VR A15 (4) ROBERT A. Bethesda, Maryland



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death. 07700 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY ve carbon papers. Pages 1 event, within 72 hours after AR MARY! AND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) & LENGTH OF STAY IN 1b JEB VEG d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS filled e. IS RESIDENCE ON A FARM? 68 NO O executed within etely 3. NAME DE First Middle DATE Month Day Last 4. DECEASED DF comple 16 F DEATH (Type or print) 19 DOROTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 5. SEX 6. COLOR OR RACE DATE OF BIRTH 8. 7. MARRIED NEVER MARRIED WIDOWED X DIVORCED [· VIS. 12. CITIZEN OF WHAT COUNTRY? = 10a. USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) pe during most of working life, even If retired) INDUSTRY omotometer death certificate FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lubel Wallette Denise Roudreaux 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Clay Street permit. 6 (Yes, no, or unkown) | (If yes give war or dates of service) cramation, No None Dolores heaton CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-ti burial, DUE TO S Cenditions, If any, which peen gave rise to immediate the DUE TO cause (a), stating the underlying cause last. 38 WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health PERFORMED? YES NO. PHYSICIAN: this cerum detached for 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part | or Part | of Item 18.) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) 2Dd. INJURY DCCURRED Hour a.m. Not While While pe p.m. at work at work D 1965 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: 1886 3 should led with the 66, and that death occurred at IOPM, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNEO econo DIRECTOR M.D. TO FUNERAL I director, par should be fil HOSPITAL 22c. PHYSICIAN'S 22d. ADDRESS 8641 Colesville NAME (Type) G. Lennard Gold, M.D. Silver Spring, Md 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION. 23b. DATE THEREOF LOCATION (City, town or county) (State) REMOVAL (Specify) yate Heaven Cemeteru Silver 25b. REGISTRAR'S SIGNATURE REC'D BY REGISTRAR FUNERAL DIRECTOR ADDRESS 25a. Georgia Avenue 1966 nc 20M 1/65

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4		Division of STATISTICAL RESEARCH AND RECORDS, 301	W. PRESTON STREET, BALTIMORE 1, MARY	YLAND
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		MONTGOMEPH MARYLAND	MARYland b. COUNTY MONTGO	meeu
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		SIVER Spring 4 days	GARRETT PARK 15.	. /
4		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. 51	STREET ADDRESS	e. IS RESIDENC
7		Holy Cross Hospital	4900 STRATHMORE AUE.	YES NO
Ì	3.	NAME OF First Middle DECEASED	Lest 4. DATE Month Dey OF	Year
		(Type or print) LEILA ES/10	CK DEATH 5 8	1966
ı	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF	OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 10. AGE (In years IT UNDER 1 YEAR 10. AGE (IN YEAR 10.	ff UNDER 24 HRS. Hours Min.
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	13.	14. MOI	THE STATE PARKE	
ŀ	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMS	ANT Address	
ł		s, no, or unkown) (lifyesgivewerordelesofservice) 4179-11-1818	+100 m	
ł	1	13. CRUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	Max recorde	RVAL BETWEEN
1	-	PART I. DEATH WAS CAUSED BY:	ONS	SET AND DEATH
1		IMMEDIATE CAUSE (e) Left coronary artery 420/ DUE TO	V15.8 O 18.0 O 0 18.0 Y	
1		Conditions, if eny, which \ (b) Coronary atherosclero	osis	
1		geve rise to Immediate ceuse		
l		(e), stefing the underlying course lest.	rt disease.	
	NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	D TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19	
1	CATI		Y	PERFORMED?
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1		CAUSE OF DEATH.		
1	MEDICAL	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY Hour e.m. 20e. PLACE OF INJURY OCCURRED fectory, street,	JURY (Home, ferm, 20f. (City or town) (County), office bldg., etc.)	(State)
1	MEL	P.m. 19 et work et work		
1		21. I certify that I took charge of the remains described above, held an Au	A - A	in my opinion
1	H	death resulted from: Natural causes . Accident . Suicide .	Homicide, Undetermined manner	
		1-1.1/1/2 // /20	CHIEF MEDICAL EXAMINER	
		SIGNATURE M.D.	- ha	ATE SIGNED
١		EXAMINER'S TO THE TOTAL OF THE	DEPUTY MEDICAL EXAMINER / May 8	766
I	228	BURIAL, CREMATION, 22b. DATE THEREOF 22c, NAME OF CEMETERY OR CREMATO	Address (Street, city, town, or county) ORY 22d, LOCATION (City, town, or county)	(Stete)
	В	REMOVAL (Specify) ur-Transit 5/12/66 Hillside	Platteville, Wisconsi	
	23	FUNERAL DIRECTOR ADDRESS	246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATU	
	Гу	son Wheeler Funeral Home 1331 Rockville F	Pike MAY 10 1966 Juntes	magn
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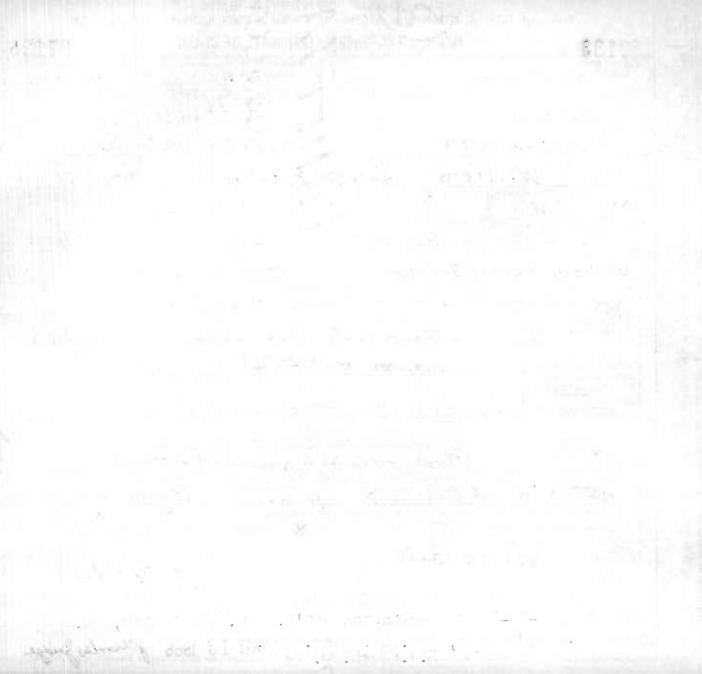
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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY Montgomery o. STATE b. COUNTY 5 deoth. MARYLAND delay ond 3 t b. CITY OR TOWN (If outside corporate limits C. LENGTH OF STAY IN 16. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town ofter d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? along with form hours 560/ New 179767 Item 18. Give Pages ote NO D 24 hours after death. 3. NAME OF Middle DATE Doy S Year DECEASED the OF DEATH Henr /XOU 1966. within (Type or print) S SEX 6. COLOR OR RACE DATE OF AGE (In years IF UNDER 24 HRS. NEVER MARRIED Months Doys Hours WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) L. bemiz Chief Medical Examiner's This certificate should be executed within pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME File Holmon. puo 17. INFORMANT permit. (Yes, no, or,unknown) (If yes give war or dates of service removol pending CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH 0 IMMEDIATE CAUSE (o) writing the word used os o burial-tra burial, cremotion, DUE TO over dose . of - Nebutal Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse lost. nseq PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) WAS AUTOPS) PERFORMED? 0 20o. EXTERNAL CAUSE WAS PRIMARY CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) ogent, prior 3 should tel & Sod. amoto O DEPUTY MEDICAL EXAMINER: CAUSE OF DEATH. 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED (City or town) (County) (Stote) foctory, street, office bldg., etc.) may be retoined for your FUNERAL DIRECTOR: Poge Not While 19 66 Bethesda of work please execute ot work its designated 21. I certify that I taak charge of the remains described above, held on Autopsy Inspection X ond in my opinion death resulted fram: Natural couses the funerol director. Accident . Suicide IX Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 0 **EXAMINER'S** Heolth NAME (Type) Address (Street, city, town, or county) 230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 0 5-16-1966 Cem. Arlington Arlington 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR Inc.5130 Gawler's Sons, VR A15ME (5) 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) STATE rince Maryland Georges MARYLAND lay is necessary, 13 to the funeral Page 5 may be b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Departm after des Rainier Mt d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? State 2703 Arundel YES NO any dela 2, and PM3. F NAME OF DATE Middle Month Day Year DECEASED OF DEATH (Type or print) 19 2 with within AGE (In years | IF UNDER 1 YEAR SEX 6. COLOR OR RACE DATE OF BIRTH IF UNDER 24 HRS EXAMINER: This certificate should be executed within 24 hours after death. If a certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, nould be forwarded to the Chief Medical Examiner's Office along with form 7. MARRIED THEYER MARRIED last birthday) Months Days Hours WIDOWED DIVORCED DE THOM 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) louse WIFE pages in an 13. FATHER'S NAME MOTHER'S MAIDEN NAME Unobtainable File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Albert (Yes, no, or unkown) (If yes nive war or dates of service) permit. f Same as above INTERVAL BETWEEN CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: cremation, or Bilateral bronchopneumonia associated IMMEDIATE CAUSE (a DUE TO with septicemia and fractured lumbar vertebra Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the m used as a to burial, underlying cause last, (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY CERTIFICATION VERFORMED? YES NO F 3 should be agent, prior 1 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) **EXTERNAL CAUSE WAS** PRIMARY Or CONTRIBUTING CAUSE OF DEATH. MEDICAL 20e. PLACE OF INJURY (Home, farm, 20f. (Clty or town) (County) (State) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. While Not While CTOR: Page designated at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and In my opinion plnods FUNERAL DIRECTOR: Undetermined manner Natural causes Suicide Homicide death resulted from: the O DEPUTY MEDICAL CHIEF MEDICAL EXAMINER **d** your execute DATE SIGNED Page ASSISTANT MEDICAL EXAMINER SIGNATURE for O DEPUTY MEDICAL EXAMINER Health Address (Street, City, town, or county) retained director. NAME (Type) CAMETERY OR CREMATORY LOCATION (City, town (State) 23d. of county) BURIAL, CREMATION. 23a. 23b. DATE THEREOF REMOVAL (Specify) of 0 Cemetery Prince Burial Ft. Lincoln
ADDRESS FUNERAL DIRECTOR S.H. Hines Company-Washington, D. C. 1966 VR A15ME DATUN 3500 4-64

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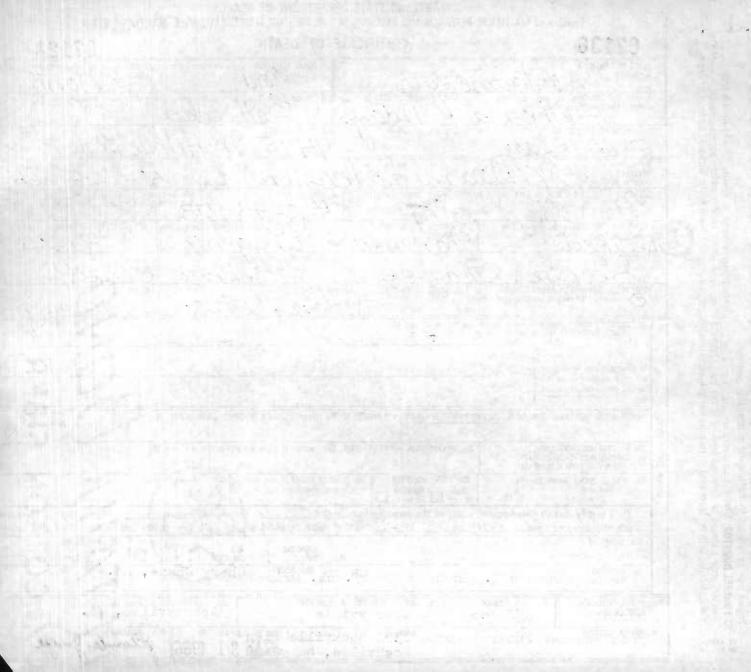
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY MARYLANO funeral b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) may write RURAL and give nearest town the 5 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 8. IS RESIDENCE ON A FARM? 3 to 1 NO X YES 3. NAME OF Middle Last Month First DECEASED TALLMAN (Type or print) Ser DEATH 3 1966 6. COLOR OR RACE OATE OF BIRTH AGE (In years | IFUNOER 1 YEAR | IFUNDER 24 HRS 8. NEVER MARRIEO TO III.0 last birthday) Hours WIOOWEO -OIVORCEO ! l and sevent 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT Give during most of working life, even if retired) Minnesota along pages in any 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CAL EXAMINER: This certificate should be executed within 24 hours a the certificate, writing the word "pending" in pencil in Item 18. 4 should be forwarded to the Chief Medical Examiner's Office alor Donald M. Fraser Arvonne Skelton File 15. WAS OECEASED EVER IN U.S. ARMEO FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) removal, Donald M. Fraser, same item #2 (father permit. 00000000000 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET ANO DEATH INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: accration + Contusion of Brain burial-transit IMMEDIATE CAUSE (a) Ple Injuries from coliding with Auto Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the CO underlying cause lest. used as to burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATION PERFORMED? YES X NO should be OESCRIBE HOW INJURY OCCURRED. (Enter neture of Injury in Part I or Pert II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Struck by Auto when Caossig 200. INJURY (Home, farm,) 3 shou agent, MEDICAL TIME OF INJURY Month, Oay, Year 20f. (County) (State) factory, street, office bldg., etc.) Hour Not While at work Mid LAZSE Mont. CTOR: Page designated at work 21. 1 certify that I took charge of the remains described above, held an Autopsy Inspection . and In my opinion FUNERAL DIRECTOR: Accident X, Undetermined manner death resulted from: Natural causes Suicide Homicide CHIEF MEDICAL EXAMINER for your execute ACTUAL 22. DATE SIGNED Page ASSISTANT MEDICAL EXAMINER SIGNATURE 0 7936 Old George BERLEYMERICAL EXAMINER X G. BBALL **EXAMINER'S** director. retained Maryl Address (Street, city, town, or county) NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION.I REMOVAL, (Specify) Prince Geo. Cp. Md. 0 Cremation Cedar Hill 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 25a. REC'O BY REGISTRAR RockvillADORESE ke Rockville, Maryland VR A15ME 3500 4-64

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

- 4		U1130 CERTIFICATE OF DEATH
funerol 1 ond 1 ond 1 er dath	1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY MARYLAND
by the f Pages aurs afte	T	b. CITY OR TOWN (If ourside corporofe/limits, write RURAL and give nearest town) write RURAL early live nearest town)
in 24 haurs or filled in by the papers. Pag hin 72 haurs of 12		d. NAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? ON A FARM? YES IN NO PARTIES OF THE PROPERTY OF
within 24 stely filled in surbon paper t, within 72		NAME OF DECEASED (Type or print)
executed with	S.	SEX DIVORCED B. DATE OF BIRTH OF BI
that the death certificate be executed within 24 haurs after an. by the ottending physicion and completely filled in by the furonsit permit. Then please remove corbon papers. Pages I cremotian, or removal, and in ony event, within 72 haurs after	10	D. USUAL OCCUPATION (Give kind of work done in patients) 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, ar fareign country) 12. CITIZEN OF WHAT COUNTRY? COUNTRY? COUNTRY?
ertifica physic hen ple novol, o	13	FATHER'S NAME LEOCGE FRAZIER 14. MOTHER'S MAIDEN NAME LOCGE TRAZIER LOCALINE CLARK
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requires that to physician. I signed by the buriol-transit buriol, cremo.		Conditions, if any, which gave rise to immediate cause (a),
e law req tending p as been si os the bi prior to bu		stating the underlying couse (c)
or all or all use ofth	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES \(\sum \) NO
of of of		20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 1B.)
Of the	MEDICAL	20c. TIME DF INJURY Manth, Day, Year Haur a.m. p.m. 19 20d. INJURY OCCURRED While of work of w
		21. I certify that (I) (this hospital) attended the deceased fram (20 loke 10), 1965, ta 140, de 1, 1966, that (I) (we) last saw the deceased alive an 1966, and that death accurred at 150M, fram causes and an the date stated above.
dw dw		220. SIGNATURE M.D. ATTENDING MED. STAFF 22b, DATE SIGNED 22c. PHYSICIAN'S DOTE AND STAFF OF SIGNED 22d. PHYSICIAN'S Chevy Chase, Md.
TO HOSPITAL OF Poge 4 may be to FUNERAL DIR director, page should be filed	22	NAME (Type) DONALD & ERMAN 4720 GA. CM. Drive Car.
TO HO Poge TO FU direct short		Sperryville Sperryville, va.
VR A15 (4) . 20 M 1/66		Tyson Wheeler Funeral Home ADDRESS Rockville Price By REGISTRAR 256. REGISTRAR'S SIGNATURE ROCKVILLE Mary NAME 31 1966



301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decaased lived, If institution, Residence before admission) a. COUNTY e. STATE b. COUNTY MONTGOMERY MONT COMERY MARYLAND b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL and give neerest town) 1 day SILVER SPRING OLNEY d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? State ours after GOOD HOPE GENERAL YES NO 3. NAME OF Middle DATE Month Dev Yeer DECEASED OF (Typa or print) DEATH 19 1966 EVANS GAITHER 5. SEX 6. COLOR OR RACE 9. AGE (In years | IF UNDER 1 YEAR | 7. MARRIED NEVER MARRIEDE 8. DATE OF BIRTH IF UNDER 24 HRS. last birthdey) Months Days Hours WIDOWED DIVORCED Colored Male 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working lifa, avan if retirad USA MARYLAND landscaper 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME FLORENCE KING LLOYD GAITHER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yas, no. or unkown) | (If yes give war or datas of sarvica) with Olney Md. HOSPITAL RECORDS - MGH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN Office along ONSET AND DEATH PART I. DEATH WAS CAUSED BY: in pencil IMMEDIATE CAUSE (a) DUE TO pino Conditions, if any, which emation, æ gava risa to immediate causa DUE TO Se (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED Medical bluods 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of itam 18.) PRIMARY | or CONTRIBUTING | writing the Chief A Sage 3 si CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Day, Yaer 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stata) factory, street, office bldg., etc.) While Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion death resulted from: Natural causes Undetermined manner HIEF MEDICAL EXAMINER please execute
4 should be for
FO FUNERAL
Health or its de ACTUAL ASSISTANT_MEDICAL EXAMINER DATE SIGNED SIGNATURE 22a. BURIAL CREMATION 22d. LOCATION (City, town, o Brown VR A15ME 5M 1/62

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death. 2 24 haurs after death by the funeral Pages 1 and 2 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY vithin 72 haurs after MARYLAND Prince George Montgomery
b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) Riverdale Takoma Park d. STREET ADDRESS e IS RESIDENCE ON A FARM? and campletely filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Washington Sanitarium Hospital 6109 43rd Street YES NO X within NAME OF 4 DATE Month Doy Year garbon DECEASED GARBER Sr. M. DEATH 66 (Type or print) HARRY May requires that the death certificate be executed Day evel AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE NEVER MARRIED 8. DATE OF BIRTH 7. MARRIED emave 70 vrs. Months Days Hours July 4, 1895 WIDOWED DIVORCED Whitee Male 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT attending physicion un during most of working life, even if retired)
Retired U.S.P.O U.S. A U.S. Government burial, crematian, ar remayal, and Illinois 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ElizabeWhorey Jacob Garber 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address (Yes, no, or unknown) (If yes give war ar dotes of service) Mary W. Garber Same as #2 (wife) Yes 217 42 4211 INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the burial-transit p ONSEL AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by DUE TO Conditions, if any, which gave rise to immediate couse (a). DUE TO stoting the underlying cause as the lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAXED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use directar, page 3 shauld be detached for use should be filed with the State Dept. of Health YES X NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I ar Part II af item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Hour a.m. factory, street, office bldg., etc.) 21. I certify that (I) (this hospital) attended the deceased from. and that death accurred at. M, fram causes and an the date stoted above saw the deceased olive an. 22b. DATE SIGNED 22a. SIGNATURI ATTENDING PHYS. STAFF PHYS. DIRECTOR M.D. 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION 23b. DATE THEREOF (County) (State) REMOVAL (Specify) Colmar Manor, P.G. Md.
REGISTRAR 25b. REGISTRAR'S SIGNATURE Ft. Lincoln 5/31/66 Burial
24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 Marley Judge 1966 Francis Gasch's Sons Hyattsville, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

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	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS 301 W PRESTON STREET BALTIMORE 1 MA	RYLAND
	07139 CERTIFICATE OF DEATH 071	31
1.	a. STATE MONTH b. COUNTY M.	idence before admission
		nd give nearest town
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES ND
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5.	MARKIEU NEVER MARKIEU	YEAR IF UNDER 24 HR
10a duri	ng most of working life, even if retired) la INDUSTRY	IZEN OF WHAT NTRY?
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15. (Yes	, no, or unkown) (If yes give war or dates of service)	5,5. R. MD,
	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
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	gave rise to immediate cause (a), stating the underlying cause last. DUE TO Co Courte Muncked Line Survey and Line Survey an	•
ICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DESEASE CONDITION GIVEN IN PART 1(a)	PERFORMED? YES NO
	20a. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
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	21. I certify that (I) (this hospital) attended the deceased from 19 19 to 19	that (I) (we) las
	22a. SIGNATURE M.D. ATTENDING MED. STAFF 22b. DATE STAFF ST	25 - 66
	NAME (Type) WALTER E-GOOGH Md. 2390 GLENHONT CIR. W.	HEAREN 4
	BURIAL 5-27-66 TEMPLE BETHEL CEM-WHITESBORD -	N.Y.
24.	DANZANSKY & SONS WASHINGTON DC DAVAY 27 1966 JCharles	(1)
	3. 5. 10a. durl 13. 15. (Yes	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MACOUNTY 1. PLACE OF BEATH 2. USUAL RESIDENCE (Where decased limed, If Institution: Rein 2. USUAL RESIDENCE (Where decased limed, If Institution: Rein 3. STATE 4. STATE 4. STATE 5. COUNTY 6. CHY OR TOWN (If outside corporate limits, write RURAL as write RURAL and give majeration) 6. STATE 6. COUNTY 6. STATE 6. COUNTY 6. STATE 7. MARNIAD 6. CHY OR TOWN (If outside corporate limits, write RURAL as write RURAL and give majeration) 6. STATE 7. STATE 7. STATE 8. STATE 8

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) e. COUNTY b. COUNTY by the financial Pages 1 urs after 24 hours after Montgomery Maruland Montgomeru MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) on papers. Pag within 72 hours Wheaton Silver Spring = filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Cross Hospital 11509 Soward Drive YES NO X within completely we carbon p 3. NAME OF Middle Last DATE Month Day Year DECEASED n any event, (Type or print) oan Frances Geldner DEATH Mau 30 19 66 executed 5. SEX AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS 6. COLOR OR RACE DATE OF BIRTH 9. 7. MARRIED NEVER MARRIED last birthday) Months I Days and Female WIDOWED DIVORCED VES. Ξ 10a. USUAL OCCUPATION (Give kind of work done) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? and Washington. None Vone The law requires that the death certificate removal, 13. FATHER'S NAME MOTHER'S MAIDEN NAME John Franklin Geldner Mildred Hogan 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. 0 (Yes, no, or unkown) (If yes give war or dates of service) Soward Drive 509 John cramation, None None None the been signed by the burial transit prior to burial, cramati 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) 38 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY use for use Health PERFORMED? certificate the hospital or YES NO PHYSICIAN: this cerum detached fo 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While at work While After at work p.m. retained 0 19 6 19 5-6 21. I certify that (I) (this hospital) attended the deceased from that (I) (we) last DIRECTOR: age 3 should lied with the M. from the causes and on the date stated above. saw the deceased alive on and that death occurred at 22b. DATE SIGNED 22a. SIGNATURE be 9 MED. DIRECTOR page ATTENDING STAFF PHYS. PHYS Page 4 may O HOSPITAL PHYSICIAN'S FUNERAL 22d. ADDRESS TO FUNERAL director, p 22c. NAME (Type) NAME OF CEMETERY OR CREMATORY LOCATION (City/town or county) (State) BURIAL, CREMATION, 23b. REMOVAL (Specify) BURROL 24. FUNERAL DIBECTOR REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR 25b. Avenue VR A15 (4) 20M 1/65

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1 (1)		Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, A	MARYLAND 21201
FOR STATE		07141 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	07132
HEALTH DEPT		O. COUNTY O. COUNTY O. STATE O. STATE O. STATE	f institution: Residence before odmission) b. COUNTY
f any delay is 1, 2, and 3 ta m PM3. Page Department of ris after death.		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	vrite RURAL ond give neorest town)
s 1, 2 arm arm e Dep		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) HOLY CROSS HOSPITAL 8514 CREENIN	JOOD AUG YES NO PARM?
Po Po with vith	3.	NAME OF First Middle Lost 4. DATE OF	Month Doy Year
hours after de tem 18. Give Office alang w and 2 with the event within 7	S.	(Type or print) SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED A DEATH 9. AGE (In v	yeors IF UNDER 1 YEAR IF UNDER 24 HRS. nday) Months Days Haurs Min.
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within 24 pencil in xammir's ile pages ind in any	13.	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	U.S.A.
	15. (Ye	S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT	Address (GERMAN)
nauld be executed ward "pending" in the Chief Medical Erial-transit permit. Futian, or removal, a		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).) PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
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INE ce shau shau files 3 shau ant,	MEDICAL CEI		own) (County) (Stote)
AL EXAM execute the r. Page 4 1 far yaur 108: Page 4 in 108: Page 9 in 108: Page	ME	Hour o.m. p.m. 19 While of work of work factory, street, office bldg., etc.) 21. I certify that I took charge af the remains described above, held an Autapsy , Inspection ,	Inquiry 🙉 and in my opinion
es e		death resulted from: Natural causes X, Accident Suicide , Hamicide , Undetermin	ned manner
ITY Note of the state of the st		ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER DEPARTMENT	May & 1911
n becassary, the funeral smay be reconstruction of Funeral Health ar it	230	NAME (Type) 3 C 2 A THEREOF 23, NAME OF CEMEYERY OR CREMATORY 23d 10CATION (CIT	ry or Town (County) (Stote)
A P	24		25b. REGISTRAR'S SIGNATURE
VR A15ME (5)	4	Traver Callin 3821-14Th Sf Mi Wash NG DATE MAY 10 196	6 Junge Judge

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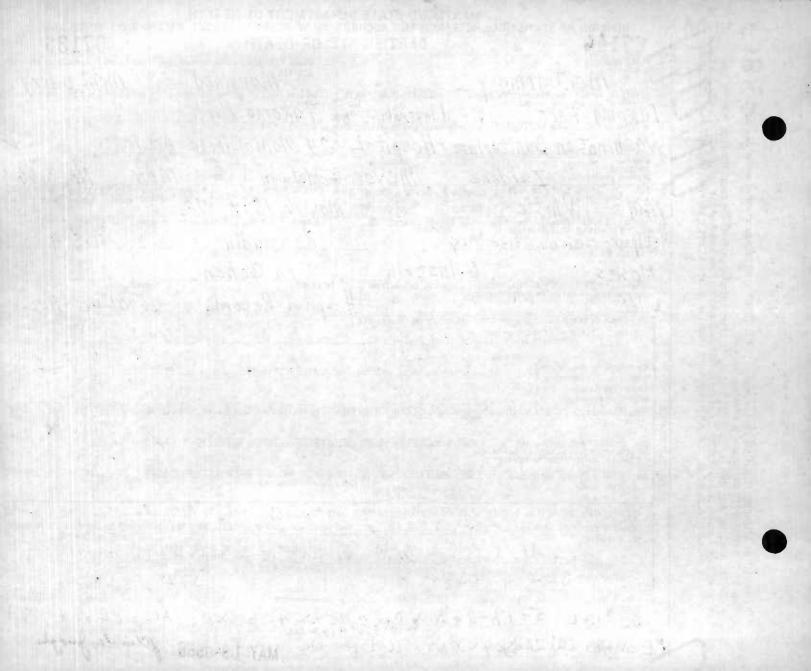
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c, CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) write RURAL and give nearest town] Wheaton d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO X 3. NAME OF Middle 4. DATE DECEASED OF DEATH (Type or print) 19 66 AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX last birthday) Months Days Hours WIDOWED X 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12, CITIZEN OF WHAT COUNTRY physician done during most of working life, even if retired) 4.5. School TEACHER MissOURI 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME .⊑ ettending Amelia Shirah ם 16. SOCIAL SECURITY NO. | 17. INFORMAN (Yes, no, or unkown) I (Ifyes give war or dates of service HOSPITAL KECORDS 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) | 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) While Not While Hour a.m. at work et work p.m. 21. I certify that (I) (this hospital) attended the deceased from June 77762-719 (a.S., and that death occurred at 1.7.0M, from the causes and on the date stated above. saw the deceased alive on. 22b. DATE 22a. SIGNATURE SIGNED ATTENDING DIRECTOR PHYS. PHYS. eath. Page 4 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Spacify) Washington, D.C. Lee's Crematory Cremation 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A15 (4) Lee Funeral Home Washington, D.C. 15M 7-62

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hours after death, d in by the funeral rs. Pages 1 and 2. hours after death.	write RURAL and give nearest town) WHEATOH WHOME SHARING
4 ho led i pers. 72 h	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET AOORESS e. IS RESIDENCE ON A FARM?
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cutec d cor nove ny eve	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HR AND A SEX 1
exe an an e ren in ar	Oa. USUAL OCCUPATION (Give kind of work done Industry Industry) 12. CITIZEN OF WHAT Uring most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
/sicia	ilet. MERCHANT 164551A U.S. H.
g physen proval,	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
cert andin L. Th	IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address What is the second security of the second se
leath s atte	Yes, no, or unknown (If yes give war or dates of service) Bernard Goldberg-2907 Morax Rd,
ites that the death certificate for executed within 24 hours physician. In signed by the attending physician and completely filled in by burial-transit permit. Then please remove carbon papers. Pagburial, cremation, or removal, and in any event, within 72 hours	PART I. OEATH WAS CAUSEO BY: ORONARY ATTEMY DISEASE ONSET AND DEATH IMMEDIATE CAUSE (a) ORONARY ATTEMY DISEASE ONSET AND DEATH
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	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. While at work at w
TENDING stained by STORE After Storid be the Stafe	21. I certify that (I) (this hospital) attended the deceased from 1900 to 1900 that (I) (we) la
CTO CTO Sho vith t	saw the deceased alive on 1900, and that death occurred at 12 M, from the causes and on the date stated above 22a. Such ATURN 22b. PATE SIGNED
y be DIRE	M.O. ATTENDING MEO. STAFF DIRECTOR PHYS.
HOSPITAL age 4 may FUNERAL rector, pa ould be fi	22c. PHYSICIAN'S DAVID (O) CDENBERG 22d. ADDRESS GEORGIA SIEVER SPRING NAME (Type) DAVID (O) CDENBERG 22d. ADDRESS MANULAND
Page Page Tule direc	3a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY, REMOVAL (Specify) 23d. LOCATION (City, town or county) (State)
	PUTTAT 5/6/66 Mt. Leba NON CEMELAN RIGGENOOD, NEW YORK 24. FUNERAL DIRECTOR ADDRESS WASHINGTORS. DEC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
VR A15 (4) 15M 4-64	SERNIARD DANZAMSKY 450W 3501 14 St. N.W. D.C. TOATMAY 9 1966 goliarles Judge

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Pages 1 a MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest/town) etely filled in bon papers. within 72 ho d. NAME OF HOSPITAL IS RESIDENCE ON A FARM? INSTITUTION (if not in hospital/give street address) d. STREET ADDRESS NO C law requires that the death certificate be executed within carbon Middle 3. NAME DE Last 4. DATE Month Day DECEASED (Type or print) DF DEATH 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | F UNDER 24 HRS SEX 0F 7. MARRIED 7 NEVER MARRIED last birthday) Months Days Hours WIDOWED DIVORCED 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done) 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? during most of working life, even if retired) FATHER'S NAME MÖTHER'S MAIDEN NAME removal INFORMANT transit permit. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address 17. (Yes, no, or unkown) | (If yes give war or dates of service) INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) signed DUF TO Cenditions, if any, which (b) peen gave rise to Immediate as the l DUE TO cause (a), stating the underlying cause last. has (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY r this certificate h detached for use te Dept. of Health Health PERFORMED? PHYSICIAN: The CERTIFICAT YES D NO T 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm. 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While After at work at work ould the man 19.64. that (i) (we)-last 21. I certify that (I) (this hospital) attended the deceased from... 196 DIRECTOR: age 3 should lifed with the and that death occurred at 1:45 M, from the causes and on the date stated above. saw the deceased alive on 19 66 22b. DATE SIGNED 22a. SIGNATURE filed ATTENDING MED STAFF DIRECTOR PHYS M.D. PHYS. TO HOSPITAL TO FUNERAL PHYSICIAN'S 22c. 22d. ADDRESS director, p should be f NAME (Type) (State) BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR GREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) FUNERAL DIRECTOR REC'D BY REGISTRAR 25b. REGISTRAR'S - 14 1/25a. VR A.15 (4) 20M 1/65



DIVISION OF STATISTICAL

MAKILAND STATE DEPARTMENT OF DEALTH	
RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMOR	E 1. MARYLAND
CERTIFICATE OF DEATH	07137

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1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: F	Residence before admission)
Montgomery MARYLAND	a. STATE Maryland b. COUNTY Mont	tapmery
b. CITY DR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1		
TAVAMA Duals	Silver Sonies	15=1
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address	ss) d. STREET ADDRESS	e. IS RESIDENCE
1. 1'-1 C. '+ " 11 '+A	1/42 1-1 - 1	ON A FARM?
NAME DE SANITARIUM & HOSPITAL	11 703 Thayer HVe.	YES NO NO
DECEASED	Last 4. DATE Month	Day Year
(Type or print) & mily Deloach MXXX	GoodRICH DEATH May	4 1966
6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF AURTH 9. AGE (In years IF UNDER last birthday) Months	1 YEAR IF UNDER 24 HRS. Deys Hours Min.
- White WIDOWED DIVORCED	1 1-XX -99 67 yrs.	Doys Hours IIIII.
0a. USUAL OCCUPATION (Give kind of work done uring most of working life, even if retired) INDUSTRY		ITIZEN OF WHAT OUNTRY?
Hswf Own Home		LSA
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Vinail Deland	Setalla Schui	- 0
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 1 1	17. INFORMANT Address A	(2)
Yes, no, or unkown) (If yes give war or dates of service)		ame (2)
Unknown	Daughter-Mrs. Joan Bu	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	y P 1	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ter denbema	6-1/1
2040 DUE TO		1
Conditions, If any, which (b)		
gave rise to immediate cause (a), stating the DUE TO		
underlying cause last. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R 202. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)	19. WAS AUTDPSY PERFORMED?
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20a. ACCIDENT WAS UNDERLYING ☐ DR CONTRIBUTING ☐ CAUSE OF DEATH	CCURRED. (Enter nature of injury in Part I or Part II of Item 18	.)
(IF EITHER, NOTIFY MEDICAL EXAMINER)		
		unty) (State)
Hour e.m. While Not While p.m. 19 at work at work	actory, street, office bldg., etc.)	
	, 1960, to may 4, 196	/ that (I) (wa) lock
21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on man of 1966, and the	that death occurred at M. from the causes and on t	be data stated above
22a. SIGNATURE		ATE SIGNED
10/10/6 1-01	ATTENDING MED. STAFF	- 6-1.6
22c. PHYSICIANIS	M.D. PHYS. DIRECTOR PHYS. 1	5-00
NAME (Type) Phylo F Takec Mi	2 0 0 0 0 0 0 miles of 12	ne
3a. BURIAL CREMATION I 23b. DATE THEREOF I 23c. NAME OF CEMET	ERY DR CREMATORY 23d. LDCATION (City, town or co	(C4n4n)
REMOVAL (Specify)		unty) (State)
Burial May 9, 1966 Helington Na		MA SIGNATURE
24. FUNERAL DIRECTOR Selen Carles 8434 Georgia	Avenue 25a. REC'D BY REGISTRAR 25b. REGISTRAR	40
Marian & Dumphray Ina Silver Sprin	My MAY a 1966 Policyl	as Judge

TO FUND DESCRIPTION AND THE PROPERTY OF THE PR TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. VR AI5 (4) 2DM 1/65

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07146 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) Montgomero b. COUNTY Page MARYLAND and 3 b. CITY DR TOWN of outside corporate limits c. LENGTH DE STAY IN 1b c. CITY DR TDWN (If autside carparate limits, write RURAL and give nearest tawn) P.M.3. I write RURAL and give negrest town) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Office olong with form 2705 Item 18. Give Poges hoúr 961 hours ofter death. 3. NAME OF Middle 4. DATE Month First Year DECEASED (Type or print) OF DEATH Treen 1966 withou SEX AGE IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH (In year) NEVER MARRIED last birthdoy) Months WIDOWED IDo. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during mast af working life, even if retired) INDUSTRY COUNTRY? _ poges in any 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME pencil be executed within 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. at removol (Yes, na, ar unknawn) (If yes give war ar dates of service ashington. 1B. CAUSE OF DEATH (Enter only one couse per light for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH 0 IMMEDIATE CAUSE (a) This certificate should writing the word cremation, DUE TO Canditions, if any, which gove rise ta immediate couse (a), DUE TO 0 stating the underlying cause lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TIRMINAL DISEASE CONDITION GIVEN IN PART CERTIFICATION NO YES the certificate. 2 2Da. EXTERNAL CAUSE WAS PRIMARY OF DEATH. HOW INJURY OCCURRED. (Enter notuce of injury in Port 1 should agent, prior MEDICAL 20c. TIME OF INJURY Month, Doy, Yeor 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (City or town) foctory/street, office bldg., etc.) may be retoined for your FUNERAL DIRECTOR: Poge Not While ot work its designoted 21. I certify that Ltaak charge of the remains described above, held an Autapsy Inspection the funerol director. death resulted from Natural causes Hamicide - Accident Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY EXAMINER'S Health (23c. NAME OF COMPTERY OR CREMATORY DATE THERED! (State) (County) 50 2Sa. REC'D BY REGISTRAR Milarles VR A15ME (5) 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission PLACE OF DEATH o. COUNTY b. COUNTY Maryland Montgomery MARYLAND b. (ITY OR TOWN (If outside corporate limits, write RUPAL and give negrest town)
Bethesda (Rural) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b 32 days Hollywood d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? event, within 72 U. S. Naval Hospital Box 135. Route #2 YES NO X 3. NAME OF Middle 4. DATE Month Dov Year DECEASED HWH "p" 19 66 GUNTER 6 May (Type or print) DEATH IF UNDER 1 YEAR S. SEX AGE (In years IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH last birthdoy) Months Hours WIDOWED DIVORCED December 6,1916 TEmale Cauc 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
U.S. Navy (Retired) COUNTRY? **INDUSTRY** Enterprize, Alabama
14. MOTHER'S MAIDEN NAME USA U.S. GOV. 13. FATHER'S NAME or removol, Carl Gunter Tura Thompson Hollywood Address Maryland 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service)
yes 1939-1959 Mrs. Lillian Gunter, Box 135, Route 2/ 427 185 807 INTERVAL BETWEEN ONSET AND DEATH 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-tronsit PART I. DEATH WAS CAUSED BY: Cirrhosis of the liver with hepatic coma IMMEDIATE CAUSE (o) DUF TO buriol Conditions, if ony, which gove (b) rise to immediate couse (o), DUF TO stoting the underlying couse TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or attending this certificate has been PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? 3 should be detoched far use with the State Dept. of Health p YES X NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) Not While ot work ot work 21. I certify that (this haspital) attended the deceased from April 13, 1966, ta May 6, that (k (we) los saw the deceased alive an May 6, 1966, and that death occurred at 2304 M, from causes and on the date stated above 22b. DATE SIGNED 22o. SIGNATURE MED. DIRECTOR M.D. May 6, 1966 PHYS PHYS. U.S. Naval Hospital, Bethesda, Md. 22c. PHYSICIAN'S TO FUNERAL G. T. Strickland, Jr. M. D. NAME (Type) 23d. LOCATION (City or Town) 230. BURIAL, CREMATION, REMOVAL (Specify) Burial 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 23b. DATE THEREOF Arlington, Virginia Arlington National Cem 2Sb. REGISTRAR'S SIGNATURE REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Robinson Funeral Home, Leonardtown, Maryland DATE MAY 10 1966 Marley Judge Pumphrey BethesdA. Mc

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. I. PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. STATE of death. someks MARYLAND OR 40WN (If outside Corporate limits, CNY OR JOWN (If outside corporate limits, write RURAL and give neorest town c. LENGTH OF STAY IN 1b and RURAL and give nearest town) ollsville d. STREET ADDRESS d_NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? along with form hours in Item 18. Give Poges YES | NO X hours ofter death. NAME OF 72 Middle 4. DATE Month Doy DECEASED OF within (Type or print) DEATH S. SEX 6. COLOR OR RACE 9. AGE (In veors IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED DATE OF BIRTH lost birthdoy) Months Doys WIDOWED DIVORCED USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT ng most of working life, even if retired) COUNTRY 2 poget I 24 redericlo, man Ed-Examiner pencil 13_FATHER'S NAME be executed within File pup 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address rd "pending" in Chief Medicol E permit. (Yes, no, or unknown) (If yes give wor or dotes of service) removol. 10-5410 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: orrhage Massive. ar IMMEDIATE CAUSE (o) word cremotion, DUF TO Cerebral Arteriosclerosis -Conditions, if ony, which gove writing the rise to immediate couse (o), DUF TO certificate stoting the underlying couse Cardio Vascular Disease 4e21.5 00 burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS PERFORMED? the certificate, NO YES ogent, prior to 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 3 should PRIMARY Or CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While may be retoined for your FUNERAL DIRECTOR: Page of work ot work 21. I certify that I took charge of the remains described above, held an Autapsy [X]. Inspection X Inquiry X ond in my apinion deoth resulted from: Natural couses Suicide Accident . Homicide Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY 50 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Heolth NAME (Type) Address (Street, city, town, or county) 23o. BURIAL CREMATION 23c. NAME OF SEMETERY OR CREMATOR' 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) 0 REMOVAL (Specify) 2111 24 EUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE Melanles VR A15ME (5) 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF OEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) e. COUNTY b. COUNTY a. STATE b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND any delay is necessary, 2, and 3 to the funeral PM3. Page 5 may be c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) Department after death. c. LENGTH OF STAY IN 1b ethesda 48 mins. artonsville e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) d. STREET AOORESS State hours No X YES Suburban DATE 3. NAME OF First Month Day Middle Last DECEASED (Type or print) DEATH 2 with within 1 24 hours after death. If a in Item 18. Give Pages 1, office along with form I AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED lest birthdey) | Months | Days Hours WIDOWED DIVORCED | 1911 and a 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (State or foreign country) COUNTRY? pages 1 6wnerdGreenhouse Maryland 13. FATHER'S NAME MOTHER'S MAIDEN NAME ' in pencil in Item Examiner's Office Albert George File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16, SOCIAL SECURITY NO. Address (Yes, no, or unkown) (If yes give war or dates of service) permit. I AL EXAMINER: This certificate should be executed within the certificate, writing the word "pending" in pencil is should be forwarded to the Chief Medical Examiner's no INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ONSET AND OEATH PART I. DEATH WAS CAUSED BY: burlal-transit 10 Myocardial Infarction IMMEDIATE CAUSE (a) cremation, **OUE TO** Conditions, if eny, which Coronary Arteriosclerosis geve rise to immediate **OUE TO** cause (a), stating the Ø underlying cause last. (c) used as to burial PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? CERTIFICATI YES T NO OESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 1B.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | 3 should tagent, price CAUSE OF DEATH. (County) (State) MEDICAL TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. Not While While cros. Page designated et work at work Inquiry X Inspection X 21. I certify that I took charge of the remains described above, held an Autopsy X and In my opinion FUNERAL DIRECTOR: I Health or its design Undetermined manner Suicide Homlcide death resulted from: Natural causes Accident CHIEF MEDICAL EXAMINER Page 4 for your 22. DATE SIGNED execute ACTUAL SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S JOHN G. BALL Address (Street, city, town, or county) Bethesda, Md. director. retained NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Herman Church Cemetery 5-30-66 Bethesda, Maryland 0 Burial 25b. REGISTRAR'S SIGNATURE **ADORESS** 25a. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR ROBERT Bethesda, Maryland A. PUMPHREY VR A15ME 3500 4-64

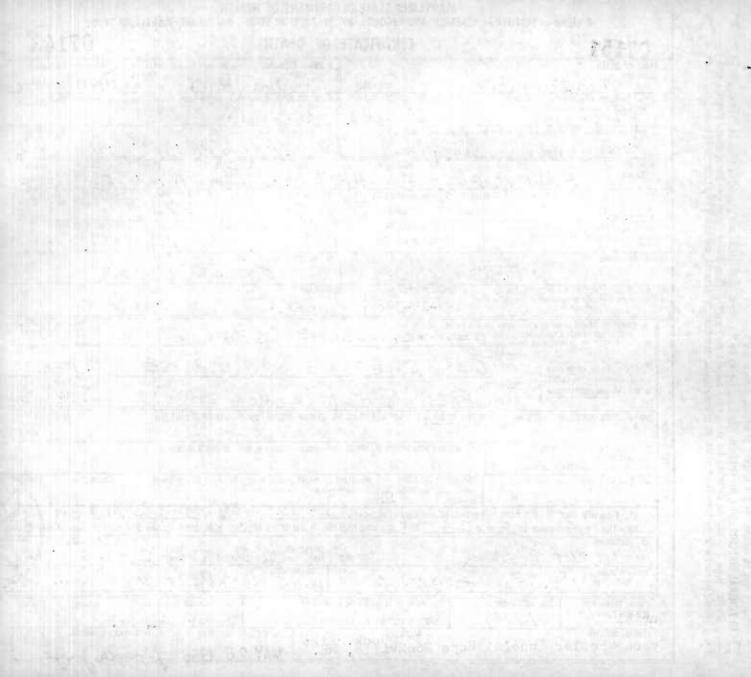
CATA JUST C. BALLS , in the same of t one Proping Control Community of the Control of the BOOK IT A THEFTIERY Settle and The Year May at 1954 A TESSON IN

DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH plnods after funer 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) 1. PLACE OF DEATH e. COUNTY by the and 2 death. Maryland MARYLAND Pontaomeru b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporata limits, write RURAL end give neerest fown) write RURAL and give nearest town) Kensington d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address) IS RESIDENCE d. STREET ADDRESS ON A FARM? papers. n 72 ho YES NO completely 3419 Plyers Mill Rd 3419 Plyers Mill Rd 3. NAME OF Middle Yeer DECEASED OF within (Type or print) DEATH 24 May 19 66 carbon 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS pun lest birthdey) Months WIDOWED 🔀 Jan 8 1880 physican se remove DIVORCED 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if ratirad) U. S. A. Own Home Sweden Housewife 2 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME affending and ā Unknown Unknown Then removal, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (Ifyesgivewerordetesofservice) Esther Arms None physician. 1B. CAUSE OF DEATH [Enter only one cause pendine for (e), (b), and (c). INTERVAL BETWEEN has been signed by ŏ ONSET AND DEATH PART I. DEATH WAS CAUSED BY: cremation, IMMEDIATE CAUSE (e) burial-transit DUE TO attending Conditions, if eny, which gava rise to immadiate couse burial, DUE TO (e), steting the underlying the ō couse lest. (c) certificate the hospital PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 98 0 CERTIFICATION PERFORMED? use prior NO D detached for 200. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Part I or Part II of Item 1B.) After this Health OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) be retained by 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) ŏ While Not While fectory, street, office bldg., etc.) Hour e.m. Dept. DIRECTOR: et work at work 19 p.m. 9 21. I certify that (I) (this Agepital) attended the deceased from. v and that death occurred at 200 M, from the causes and on the date stated above shoul saw the deceased alive may 22a. SIGNATO ATTENDING MED HOSPITAL FUNERAL page with t PHYS. DIRECTOR PHYS. M.D. death. Page 22d. ADDRESS filed v 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY S. g. Z REMOVAL (Specify) Plumouth 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20M 5-63

MARYLAND STATE DELAKTMENT OF HEALTH

1100. 3019 Figure 1822 101 anaders allowed name. 120915 EIL 20 May 1900 - Thirele II Counters - Elegands, Man. I. Alleger Brown Brown - Carry M. M. Barrier

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07143 CERTIFICATE OF DEATH death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death completely filled in by the funeral lave earban papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY within 72 hours after MARYLAND la omes b. CITY OR TOWN (If outside corporate limits c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest (gwn) write RURAL and give nearest town e 8 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address IS RESIDENCE ON A FARM? YES NAME OF Middle DATE Month Doy Year DECEASED OF DEATH (Type or print 19 S. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Months Hours Days WIDOWED DIVORCED signed by the attending physician and burial-transit permit. Then please rem 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT and in please during most of working life, even if retired) INPUNEY Sewife COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaval, 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service 199-12-3487 burial, crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO MON Conditions, if ony, which gove rise to immediate couse (a), DUE TO r this certificate has been si detached far use as the b te Dept. af Health priar ta b stoting the underlying couse attending lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES NO Page 4 may be retained by the haspital ar 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) directar, page 3 should be detache should be filed with the State Dept. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. While Not While 19 ot work O FUNERAL DIRECTOR: After 21. I certify that (1) (this hospital) attended the deceased from saw the deceased alive an MA and that death accurred at 2.10A. M. from causes and an the date stated above. 22b. DATE SIGNED SIGNATURE M.D. PHYS DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION. 23d. LOCATION (City or Town) (County) (Stote) Ban REMOVAL (Specify) 5/28/66 Evergreen Cemetery Shavertown 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sh. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 Tyson Wheeler Funeral Home



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07152 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. death, and campletely filled in by the funeral remove carban papers. Pages 1 and n any event, within 72 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission o. COUNTY a. STATE b. COUNTY Maryland Montgomery MARYLAND b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporote limits, write RURAL and give nearest town) write RURAL and give nearest town) Bryans Road 4 days Bethesda (rural) d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS ON A FARM? #1 Judi Drive Box 25 U. S. Naval Hospital NO A Middle 3. NAME OF 4 DATE Month Day Year DECEASED HAPPEL May 21 66 Adolph August (Type or print) DEATH 9. AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED birthday) July 21, 1925 Male Cauc WIDOWED DIVORCED 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during mast of warking life, even if retired)
U. S. Navy NOUSTRY RETIRED COUNTRYSA Bronx, N. Y. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME unknown ·Uh Ruown Maryland 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Bryans Rd. Address (Yes, na, ar unknawn) (If yes give war ar dates of service)
yes 1942-1965 Mrs. Pola R. Happel, #1 Judi Dr. Box 25/ 096-16-4760 INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the burial-transit p PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Congestive heart failure IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove Arteriosclerotic heart disease rise to immediate cause (a). DUE TO stating the underlying couse this certificate has been far use as the (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES X NO Diabetes mellitus 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) the haspital OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Nat While of wark O FUNERAL DIRECTOR: After 21. I certify that (F (this haspital) attended the deceased fram May 17 19 66 to May 21 19 66 that (F (we) last saw the deceased glive on May 21 19 66 and that death occurred at 800PM, from couses and an the date stated abave. 22b. DATE SIGNED 1966 22g. SIGNATURE directar, page 3 shauld be filed v M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S Piscatelli NAME (Type) Robert L. U. S. Naval Hospital. Bethesda, Md. 230. BURIAL, CREMATION, BEMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (State) Waldorf, Maryland Trinity Memorial Gardens 24. FUNERAL DIRECTOR
Hunts Funeral Home, Waldorf, Maryland VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY a. STATE b. COUNTY by the finance 1 Pages 1 irs after MONTGOMERY MARYLAND Md Montgomery b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b write RURAL and give nearest town) SILVER SARING Silver d. STREET ADDRESS Spring papers. iin 72 h d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE DN A FARM? Holy Cross Hospital 11522 Charlton YES NO 3 withi completely carbon NAME DE Month Middle Last DATE Year Day DECEASED event, (Type or print) DEATH 19 SEX 6. CDLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS remove NEVER MARRIED last birthday) | Months | and any WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work done) physician n please r = 10b. KIND DF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even If retired) COUNTRY? and U.5 4401NE CELLA certificate attending phys ermit. Then ple on, or removal, a 13. FATHER'S NAME MOTHER'S MAIDEN NAME MORRIS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. INFORMANT permit. death (Yes, no, or unkown) (If yes give war or dates of service) 577-05-8933 PAULS Terrace Dr. Ch Charle HARAB cremation, WW II CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN burial-transit burial, cremat law requires that the ONSET AND DEATH à PART I. DEATH WAS CAUSED BY: attending physician. KU GOV IMMEDIATE CAUSE (a) signed DUE TO Conditions, If any, which been gave rise to Immediate 5 the DUE TD cause (a), stating the prior underlying cause last. (c) as CERTIFICATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? The certificate the hospital or ND X YES He 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF OFATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) of detached Dept. MEDICAL 20c. TIME DF INJURY Month, Day, Year 20d. INJURY DCCURRED | 20e. PLACE DF INJURY (Home, farm, 20f. (City or town) (County) (State) be de State factory, street, office bldg., etc.) Hour a.m. After Id be d While Not While at work at work p.m. retained 21. I certify that (I) (this hospital) attended the deceased from 19 6 b. that (1) (we) last the DIRECTOR: age 3 should EM, from the causes and on the date stated above. 19 65 and that death occurred at 12 saw the deceased alive on SIGNATURE 22b. DATE SIGNED 22a. ATTENDING 4 pe page DIRECTOR PHYS. 4 may HOSPITAL PHYSICIAN'S FUNERAL TO FUNERAL director, p 22d. ADDRESS NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY-OF GREMATORY Arlington, Va. May 24. 1966 Arlington National 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Danzansky & Sons Washington, DC VR A.15 (4) 20M 1/65

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requires that the death certificate be executed within 24 hours after death, ding physician. been signed by the attending physician and completely filled in by the funeral the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 to burial, cremation, or removal, and in any event, within 72 hours after death.	C7154 CERTIFICATE OF DEATH	1146
the funeral ges 1 and 2 after death	1. PLACE OF DEATH a. COUNTY AONTGO MERY MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence be e. STATE b. COUNTY MARYLAND MARYLAND MONTGO MERY	fore admission)
in by the s. Pages 1 hours aftel	b. CITY OR TOWN (if outside corporate limits, write RURAL end give write RURAL and give nearest town) THRO HA PARK 3 ilvee Spring 15	nearest town)
72	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e.	IS RESIDENCE ON A FARM?
with	3. NAME DF DECEASED (Type or print) GERTRUDE Middle HARTSON DEATH MAY (3)	Year
y event,	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR	1966 UNDER 24 HRS. Hours Min.
	10a. USUAL OCCUPATION (Give kind of workdone 10b. KIND OF BUSINESS OR during most of working life, even if retired) 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF COUNTRY?	WHAT
removal, a	13. FATHER'S NAME Charles b. Ewing 14. MOTHER'S MAIDEN NAME Harriet Charley	
5	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Hospital felands,	
hed for use as the burial-transit permit. t. of Health prior to burial, cremation, or	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Heart Failure Conditions, If any, which gave rise to Immediate cause (a), stating the underlying cause last. (c) ONSET Congestive Heart Failure OUE TO OUE TO OUE TO (c)	AL BETWEEN AND DEATH 2 hour
Health p	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. W P YES 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	AS AUTOPSY ERFORMED?
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	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) 6actory, street, office bldg., etc.) 20f. (City or town) 20f. (City or	(State)
	21. I certify that (I) (this hospital) attended the deceased from May 1, 1966, to May 13, 1966, that saw the deceased alive on May 12 1966, and that death occurred at 9:20 M, from the causes and on the date says a signature	
filed	22c. PHYSICIAN'S 22c. PHYSICIAN'S 22d. ADDRÉSS / At May (3)	7.5
/	23a. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)	(State)
should be	REMOVAL (Specify) May 18,1966 Cedar Hill Cimility Suitland (NDISC) 24. FUNERAL DIRECTOR 250. REGISTRAR'S SIGNATURE 250. REGISTRA	URE INC
38	J. Wither Malters, 254 Carrall SUNN 4 MAY 17 1966 fcharles Judg	ge.

Contract Contract THE THE PROPERTY STANDARD OF THE STANDARD STANDA

1 1	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	07155 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1. PLACE DF DEATH 2. USUAV RESIDENCE (Where deceased lived, If institution; Residence before admission)
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deessary, of the funeral e 5 may be Department after death.	b. CITY OR TOWN of outside corporate limits, write RURAL and give neerest town)
5 m 5 m Depar	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE
Page State D hours at	DICKERSON BOY 248 ON A FARM? YES NO 12
my del ma. ma. the St	3. NAME OF DECEASED (Typa or print) NIARK RODNEY HAVENS 4. DATE Month Play 8 1966
THE	5. SEX 6. COLOR OR BACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years) FUNDER 1 YEAR IF UNDER 24 HRS last Dirthday Months 0 ays Hours Min.
Page h f	// Cace WIOOWEO OIVORCED 2-20-45 2/ yrs. I 8
e ive	during post of working life, even if retired) NOUSTRY
ours aften n 18. Ging a along pages 1 in any e	19 FATHER'S NAME 14. MOTHER'S MAIDEN NAME
4 hours Item 18 Office ald File page	Mark A. Havens Myrtle Ferguson
24 00 11 11 12 18	15. WAS DECEASED EVER IN U.S. ARMEO FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service)
within pencil in miner's permit.	No 280-56-8658 Hospital Records [18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN
ed w in pe xami	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) INJURIES MULTIPLE, SEVERE ONSET AND DEATH ONS
uld be executed "pending" in if Medical Exar a burial-transit cremation, or	9043 OUE TO 111 The The Table 17
be ey pendi fedic rrial- smati	Conditions, If any, which gave rise to immediate (b) FAII From Electrical Tower (1006T)
ould of "I	cause (a), stating the OUE TO
wor Wor Chi as urial	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY
ficate shou the word the Chie the Chie to burial,	PERFORMED? YES NO
ertif ing ed to rior	YES NO 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part 1 or Part II of Item 18.) Deceased fell from electrical tower 100 ft. high.
wrii wrii rarde lould it, p	
EXAMINER. This certificate should be executed within cortificate, writing the word "pending" in pencil it tould be forwarded to the Chief Medical Examiner's les. IR. Page 3 should be used as a burial-transit permit. Signated agent, prior to burial, cremation, or removal	Hour a.m. While Not While factory, street, office bldg., etc.)
MINE rtiffic d be age	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and In my opinion
EXAMI the cert the cert t should r files. CTOR: Pa designate	death resulted from Natural causes , Accident , Suicide , Homicide , Undetermined manner
	CHIEF MEDICAL EXAMINER
7 7 7 7	ACTUAL SIGNATURE ACTUAL
	EXAMINER'S BELDEN K. LEAP M.D. Address (Street, city, town, or county) / 144 8, 1960
	23a. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
01 00	Burial-transit 5-8-66 Cedar Grove Cemetery Narrows, Virginia 24. FUNERAL OIRECTOR ADDRESS 25a. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR AISME (5) 5M 1/65	ROBERT A. PUMPHREY Bethesda, Maryland OATE MAY 10 1966 floorles Judge
1/03	

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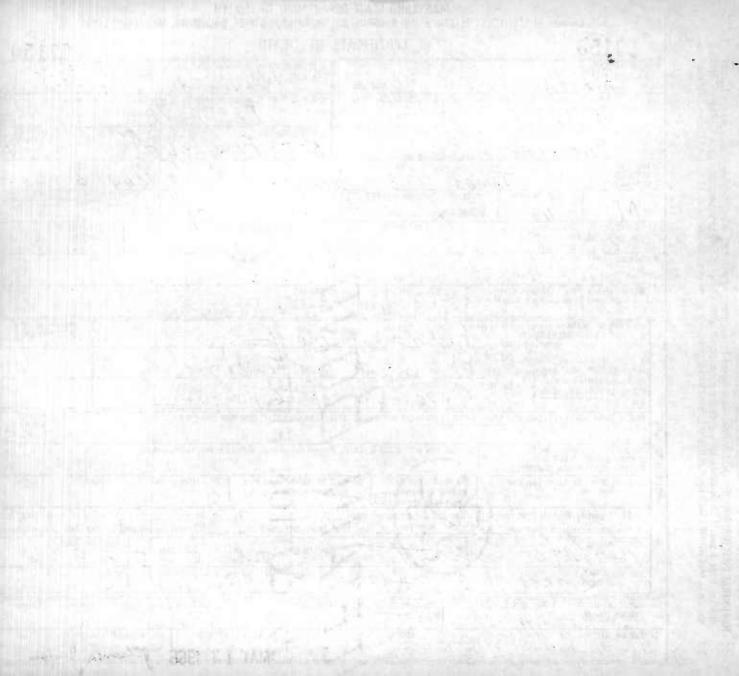
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DERT PLACE OF DEATH a. COUNTY JA 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) as hing top. COUNTY, MARYLAND the funeral 5 may be CITY OR TOWN (if outside corporete limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) Washington. D.C CTOP 10 C d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitel, give street address) e. IS RESIDENCE d. STREET AODRESS \$ 50 a C+ O Carrol 60 NO YES NAME OF Middle DATE 4. Month DECEASED awkins 1966 mes David DEATH (Type or print) 5. SFX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED [NEVER MARRIED lest birthday) Months | Devs Hours WIDOWEO [OIVORCED [10e. USUAL OCCUPATION (Give kind of work done | 10b, KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT BOK! during most of working life, even if retired) COUNTRY? He/Per Jakers 13. FATHER'S NAME MOTHER'S MAJOEN NAME orothy Mc Rever 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMAN This certificate should be executed within 24 16. SOCIAL SECURITY NO. Address (Yes, no, og unkown) | (If yes give war or dates of service) permit. Father SAMÉ AS #12 ASULE CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. OEATH WAS CAUSED BY: MYXIZ-IMMEDIATE CAUSE (e) DUE TO Drowning 5Min. Conditions, If any, which (b) geve rise to immediate DUE TO cause (e), steting the underlying couse lest. ed as a burial, WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION PERFORMED? IS O YES T NO X 20a. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. ld be 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) forwarded avagar surmming 3 shou agent, MEDICAL 20c. TIME OF INJURY Month, Cey, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, (City or town) (County) (State) fectory, street, office bldg., etc.) Crop Mont. Not While MA Canal certifica CTOR: Page designated at work Inspection X and in my opinion 21. I certify that I took charge of the remains described above, held an Autopsy Undetermined manner Accident | death resulted from: Natural causes Suicide Homicide CHIEF MEDICAL EXAMINER VOUL ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE for FUNERAL I DEPUTY MEDICAL EXAMINER **EXAMINER'S** director. OHN Address (Street, city, town, or county) NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 00 REMOVAL (Specify) MT. ASHINGTON 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR JONS VR ALSME (5) INC

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2 1 2	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	07157 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1. PLACE OF DEATH a. COUNTY b. COUNTY b. COUNTY b. COUNTY b. COUNTY c. D. COUNTY b. COUNTY c. D. COUNTY c. COUNTY c. D. COUNTY c. D. COUNTY c. COUNTY c. D. COUNTY c. COUNTY c. D. COUNTY c. COUNTY c. COUNTY c. COUNTY c. COUNTY
Cessary the funeral e 5 may be Department after dath	b. CITY OR TOWN (If outside corporate timits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
the fame of the fa	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE
Page State hours	Suburban ZO8 Cedar AUE VES NO NO
any delay by 2, and 3 to	3. NAME OF DECEASED (Type or print) LARRU HAYES DEATH MONTH Day Year OF DEATH MAY 18 1966
h. If a form P within	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS. Hours Min. Min. Hours Min. Min.
with f	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
s afte 8. Gi long any any	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
hours em 1 ice a ice a	Jemes. Hayes. Frances munroe
within 24 hc pencil in Iten miner's Officc permit. File removal, and	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address # 17.
Id be executed "pending" in f Medical Exa burial-transit cremation, or	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (c)
the word the word the Chie the Chie used as a to burial,	
riting friting ded to ded to prior t	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO PRIMARY OF CONTRIBUTING CONTRIBUTING COURSE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) PRIMARY OF CAUSE OF DEATH.
ER: This certificate, writing to forwarded to 3 should be agent, prior	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED At While at work 19
AMIN eertifi ild be ii. Page nated	21. I certify that I took charge of the remains described above, held an Autopsy X, Inspection X, Inquiry X, and In my opinion
the certific the certific 4 should be ir files. CTOR: Page designated	death resulted from: Natural causes [7], Accident [7], Suicide [7], Homicide [7], Undetermined manner [7]
ts so	ACTUAL SIGNATURE AND BOLL M.D. ASSISTANT MEDICAL EXAMINER (22. DATE SIGNED
DEPUTY MEL ase execut ector. Pag ained for y UNERAL DI Health or i	EXAMINER'S NAME (Type) John G. Ball Road Address (Street, city, town, or county)
DEPUTY please explication director. retained O FUNERA of Health	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City, town or county) (State)
	24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. RECISTRAR'S SIGNATURE
VR ALSME (5)	Tyson Wheeler Funeral Home 1331 Rockville Pik MAY 23 1966 Charles Judge

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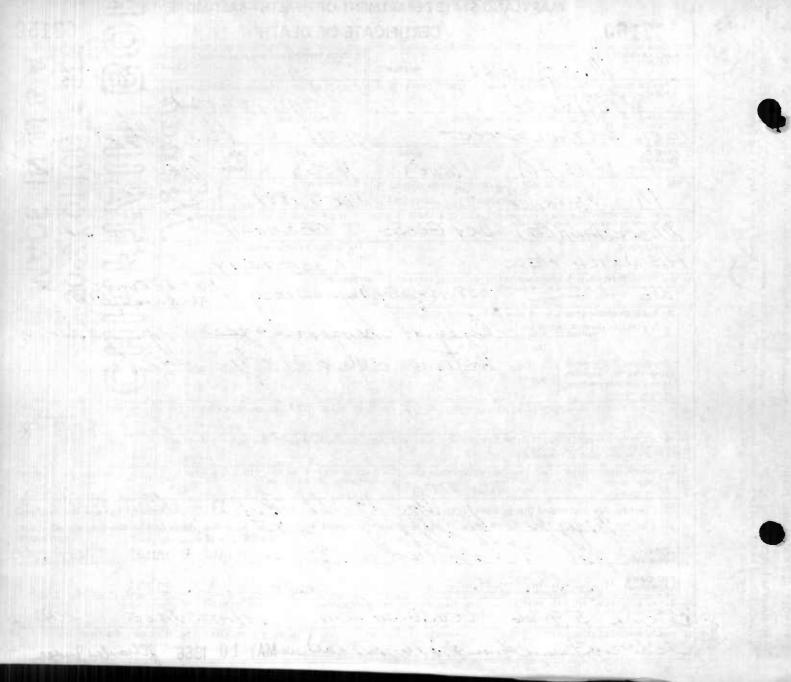
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 7158 and 2 ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE COUNTY in by the ... Pages 1 c van papers. Pages 1 within 72 haurs after MARYLAND b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If ourside corporate limits, write RURAL and give negrest town) write RURAL and give negrest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? filled YES NO X carban NAME OF First Middle DATE Lost Month Year DECEASED AMES 19 66 (Type or print) DEATH I YEAR S. SEX 6. COLOR OR RACE AGE (In years IF UNDER IF UNDER 24 HRS 7. MARRIED NEVER MARRIED DATE OF BIRTH lost birthdoy) Months Days Hours WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if refred) INDUSTRY COUNTRY 13. FATHER'S NAM 14. MOTHER'S MAIDEN NAME ar remava 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give war or dates of service) crematian, 18. CAUSE OF DEATH (Enter only one couse per line or (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH burial-transit IMMEDIATE CAUSE (o) DUE TO burial Conditions, if ony, which gove rise to immediate couse (o). DUE TO stoting the underlying couse as the be retained by the hospital or attending has been RCINOMA last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO X TO FUNERAL DIRECTOR: After this certificate 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office bldg., etc.) at work 21. I certify that (1) (this haspital) attended the deceased fram 1966 that (1) (we) las and that death occurred at M, from lauses and an the date stated abave saw the deceased alive an 220. SIGNATURE 22b. DATE SIGNED **ATTENDING** M.D. DIRECTOR PHYS. PHYS. 22d ADDRES PHYSICIAN'S BARNETT director, shauld b 23b. DAJE THEREO CEMETERY OR CREMATORY LOCATION (City or Town) 23o. BURIAL, CREMATION, (Stote) (County) REMOVAL (Specify) 25o. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



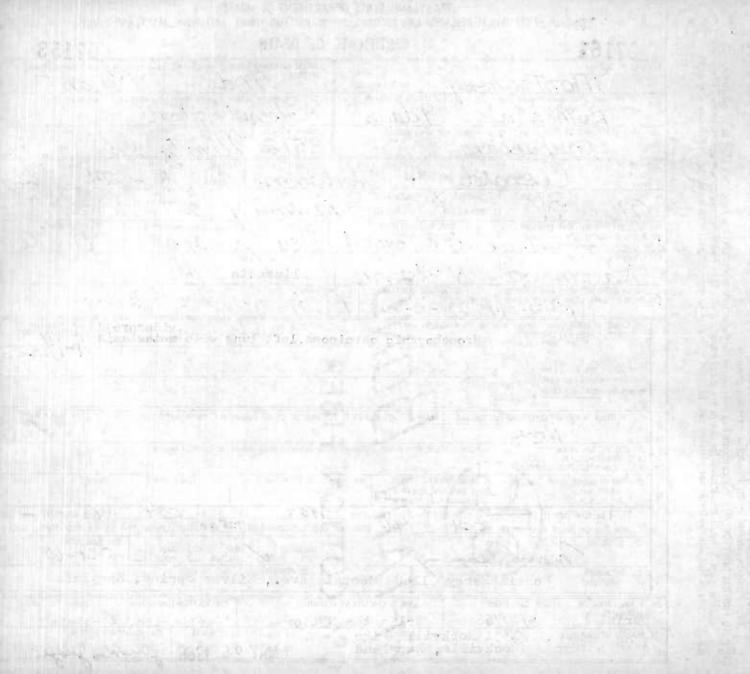
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral death hours after death. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY b. COUNTY by the Pages 1 ve carbon papers. Pages 1 event, within 72 hours after MARYLAND b. CITY OR TOWN (if outside porporate limits, write RURAL and give nearest town) LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give hearest town) Singto OC = filled j d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS YES NO executed within completely 3. NAME OF Middle DATE Month Day Year DECEASED DEATH (Type or print) 1965 5. SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | Isst birthday) | Months | Days emove OF 7. MARRIED 9. NEVER MARRIED Hours and any DIVORCED land in 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT attending physician rmit. Then please (County & State, or foreign country) pe during most of working life, even if retired) COUNTRY? VOMENIAKE death certificate 13. FATHER'S NAME MOTHER'S MAIDEN or removal 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unkown) (If yes nive war or dates of service) After this certificate has been signed by the at d be detached for use as the burial-transit pern State Dept. of Health prior to burlal, cremation, the 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (9). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: be retained by the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO stating cause (a). underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? be detached for use State Dept. of Health NO YES 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While OR ATTENDING at work at work p.m. director, page 3 should should be filed with the 1966 1906 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 5 saw the deceased alive on 1966 M. from the causes and on the date stated above. 22a. SIGNATURE DATE SIGNED 22b. ATTENDING PHYS. STAFF Page 4 may t M.D. DIRECTOR PHYS. PHYSICIAN'S 22c. 22d. ADDRESS NAME (Type) 23a. BURIAL, CREMATION, 23b. REMOVAL (Specify) DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) FUNERAL DIRECTOR REC'D BY REGISTRAR 1/25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 4-64

dec flory of the sex - Xa. x. - 2 Co. THE STATE OF THE PARTY OF THE THE PARTY OF T Harvey Salver Salver Ball 10 1 YAM _ Green 12 The College Salver Salver

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Rea. Dist. No. With PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY filed b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? by 0516 QT YES NO IR .0 4. DATE OF DEATH NAME OF Middle Last Month filled (Type or print) S. SEX 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED Months Days Hours WIDOWED DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, even tratifed ERCHANTLE GERMAN 0.5,0 pup requires that the death certificate be 14. MOTHER'S MAIDEN NAME RICH HE physici INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO William W. He attending 18. CAUSE OF DEATH [Enter only one cause per ling for (a), (b) and (c) INTERVAL SETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate DUE TO cause (o), stoting the underlying cause lost CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO" 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (Stote) (County) factory, street, office bldg., etc.) Hour o. m While Not while at work ot work fter 21. I certify that I attended the deceased from 1924that ! last saw the deceased and that death occurred at 1/2/5M, from the causes and on the date stated above. alive on ADDRESS (Street, city or town, state) DATE SIGNED May8 1966 may be retained by FUNERAL DIRECT ACTUAL priar Farragut Avenue SIGNATURE PHYSICIAN'S Thibadeau Kensington, Md. NAME (Type) 22b. DATE THEREOF BURIAL, CREMATION, 22c NAME OF CEMETERY OR CREMATORY (Stote) page EMOVAL (Specify) EO. WASH CEM. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/5B



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH the funeral ages 1 and 2 rs after death. requires that the death certificate be executed within 24 haurs after death I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY OX MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give flearest town) c. LENGTH OF STAY IN 16 outside corporate limits, write RURAL and give nearest town) d. STREET ADDRESS IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OF INSTITUTION (If not in hospital, give street oddress) filled NO X 3. NAME OF 4. DATE Middle Month Doy campletely DECEASED OF DEATH (Type or print) car S. SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER 7. MARRIED NEVER MARRIED Days Elest birthdoy) Months Hours WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 10a, USUAL OCCUPATION (Give kind of work done BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT. downing most of working life even if retired physician (COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaval, Elizabeth WAS DECEASED/IVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, no, or unknown) (If yes give war or dotes of service) Same 139-03-8419 crematian, INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) (Enter only one couse per line for (a), (b), and (c).)
IS CAUSED BY:
IMMEDIATE CAUSE (a) Bronchogenic carcinoma, left lung with metastasis signed by the burial-transit PART I. DEATH WAS CAUSED BY: be retained by the haspital ar attending physician. DUF TO burial, Conditions, if ony, which gove (b) rise to immediate couse (o), DUE TO stoting the underlying couse this certificate has been as the 19. WAS AUTOPS'
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO one far 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED (City or town) (County) (Stote) foctory, street, office bldg., etc.) Not While ot work TO FUNERAL DIRECTOR: After ot work to 5-24 21. I certify that (1) (this hospital) attended the deceased fram_ 1963 , 1966, that (1) (we) los . 19 19 66, and that death occurred at 7:28 A.M. from causes and an the date stated above sow the deceosed alive on_ 22b. DATE SIGNED 22o. SIGNATURE ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. M.D. 11602 Georgia Ave., Silver Spring, Maryland 22c. PHYSICIAN'S O HOSPITAL NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (Stote) BUT A (Specify) 5/27/66 Arlington National Virginia Arlington. 2So. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR TYSON WHEELER RockvilADDRESPike VR A15 (4) 20 M 1/66 Rockville, Maryland



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2, death. and 1. PLACE DE DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY a. STATE hours after and completely filled in by the f emove carbon papers. Pages 1 any event, withIn 72 hours after Montgomery

b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) MARYLAND Harford c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b 37 days Bel Air Bethesda d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? YES X The Clinical Center, Bethesda, Maryland Southampton Farm NO executed within 3. NAME OF Middle DATE Month DECEASED (Type or print) DEATH 19 66 Holden John Brian Mav 5. SEX 6. COLOR OR RACE | 7. MARRIED Y | NEVER MARRIED DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IF UNDER 24 HRS last birthday) Months I Davs Hours WIDOWED DIVORCED [Male 20 14 July 1945 White 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 12. CITIZEN OF WHAT COUNTRY? hysiciam please i 11. BIRTHPLACE (County & State, or foreign country) death certificate be ILS.A Clerk
13. FATHER'S NAME Maryland MOTHER'S MAIDEN NAME Government nding phy: Then pl removal, Gwynne L. Holden Jean Todd en signed by the attend burial-transit permit. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT The Medical Records (Yes, no, or unkown) (If yes give war or dates of service) The Clinical Center, Bethesda, Maryland Not available INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). Intracerebral and spinal cord hemorrhage 42 hours 201 **DUE TO** (b) Thrombocytopenia Cenditions, If any, which l vear gave rise to Immediate as the prior to DUE TO cause (a), stating the underlying cause last. (c) Hodgkins disease vears PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? certificate Chronic hepatitis; diabetes mellitus
20a. ACCIDENT WAS UNDERLYING | 20b. DESCRIBE HOW INJURY OC
OR CONTRIBUTING | CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) NO T YES Y PHYSICIAN: T 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) this certifidetached for Dept. of P 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) factory, street, office bldg., etc.) After Id by Hour a.m. Not While at work at work 21. I certify that N (this hospital) attended the deceased from 29 March 1966 to 5 May _____ 1966____ that 🚨 (we) last DIRECTOR: age 3 should iled with the and that death occurred at 3:45M, from the causes and on the date stated above. 5 May 1966 saw the deceased alive on. 22b. DATE SIGNED 224. SIGNATURE page ATTENDING PHYS. STAFF PHYS. 6 May 1966 X M.D. TO FUNERAL PHYSICIAN'S Clinical Center. National director, p NAME (Type) of Health, Bethesda, Maryland Thomas Foley, M.D. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 5-7-66 Mt. Zioh Cemeterv Burial Bel Air. Md. 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** Lee Funeral Home Washington, D.C. DATE MAY 10 VR A15 (4) 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed a. COUNTY b. COUNTY MARYLAND MONTGOMERY b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town) RURAL and give negrest town) SINCE HASHINGTON. ChevyChase APRIL d. NAME OF HOSPITAL (If not in haspital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Rhode Island. Ave. N.W. ONNECTICUT YES T NO M 3. NAME OF First Middle 4. DATE Month Year DECEASED (Type or print) 1961 5. SEX 7. MARRIED T NEVER MARRIED 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Haurs WIDOWED | 100. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if relired) ORLEAN 4. S.A. RETIRED 13 FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT JAC 17. 7103 CONN. AVE. Chevy Gase Mo 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: HEART FAILURE . IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate **DUE TO** couse (o), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO V 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) foctory, street, office bldg., etc.) Hour o. m. While Nat while of work of wark 21. I certify that I attended the deceased from. 19 66 that I last saw the deceased __, and that death accurred at ______A.M., fram the causes and an the date stated above. alive an MATIC ADDRESS (Street, city or town, state) SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, ar county) (State) REMOVAL (Specify) Orlean Meth Buria Church Orlean 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Wisconstration VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death. funera PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. CDUNTY b. COUNTY by the fi Pages 1 urs after MONTGO MERY MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENCTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) ve carbon papers. Pagevent, within 72 hours 3 hes 3 5 muss = d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 12 WASHINGTON SANITARIUM NO YES 3. NAME DE First Middie Last DATE DECEASED (Type or print) OWARD DEATH 1966 3 25 executed 5. SEX 6. COLOR OR RACE DATE OF BIRTH етоме AGE (In Years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED [last birthday) Months I Davs Hours I any WIDOWED DIVORCED X 2-18 647 Vrs. 10a. USUAL OCCUPATION (Give kind of work done I 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician death certificate be during most of working life, even if retired) CDUNTRY? 11455 dienne TREAS 13. FATHER'S NAME 14. MDTHER'S MAIDEN NAME removal ALPHEUS SAUNDERS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 17. INFORMANT Address 5 (Yes, no, or unkown) (If yes give war or dates of service) CHRET. cremation, CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN law requires that the been signed by the burial-transit or to burial, crema ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) or attending physician. Pleuval 2 weeks DUF TO Cenditions, if any, which CEVENONA Me her blech ic gave rise to immediate DUE TO cause (a), stating the prior underlying cause last. Wy LIM monde SS CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY for use Health certificate PERFORMED? YES NO F the hospital 2Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) tached f DR CONTRIBUTING CAUSE DF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) S 20c. TIME DF INJURY Month, Day, Year 2Dd. INJURY DCCURRED | 2De. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) factory, street, office bidg., etc.) be de State Hour a.m. After While Not While retained by at work at work DIRECTOR: Af 21. I certify that (I) (this hospital) attended the deceased from make 1966 to may 25 19 66. that (I) (we) last and that death occurred at 55 PM, from the causes and on the date stated above. saw the deceased alive on_ 19 6kg 22a. SICNATURE 22b. DATE SIGNED Page 4 may be director, page should be filed filed ATTENDING MED. STAFF M.D. PHYS. DIRECTOR PHYS. TO HOSPITAL FUNERAL PHYSADIAN'S 22c. 22d. ADDRESS NAME (Type) 1.01 nu BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) REMOVAL (Specify) 2 Buria_ Cemetery REC' Cambridge ambrid FUNERAL DIRECTOR VR A15 (4) Street 2DM 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE FOR STATE HEALTH DEPT. 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) 1. PLACE OF OEATH e. COUNTY b. COUNTY STATE ontgome Ru MARYLANO Jant the funeral 5 man c. CITY OR TOWN (If outside corporate limits, write BORAL end give nearest town) CITY OF TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b rarulan e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) d. STREET ADDRESS ON A FARM? any delay is, 2, and 3 to t PM3. Page State hours HOUSUIlle NO X YES LU AO NAME DE Last DATE Month Day Year Middle DECEASED 1966 DEATH (Type or print) AGE (In years) IF UNDER 1 YEAR IF UNDER 24 HRS. Months | Days | Hours | Min. after death. If a Give Pages 1, DATE OF BIRTH 6. COLOR OR RACE 9. 7. MARRIED NEVER MARRIED X WIDOWEO DIVORCED 12. CITIZEN OF WHAT BIRTHPLACE (State or foreign country) 10a. USUAL OCCUPATION (Give kind of work done) 10b. KINO OF BUSINESS OR during most of working life, even if retired) INDUSTRY COUNTRY? 24 hours after of in Item 18. Give along Ushington pages 1 in any 13. FATHER'S NAME MOTHER'S MAIOEN NAME Blanche File INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. EXAMINER: This certificate should be executed within 29 the certificate, writing the word "pending" in pencil in should be forwarded to the Chief Medical Examiner's 0 (Yes, no, or unkown) (If yes give war or dates of service) permit. removal, None 229-09-236 No INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] ONSET AND DEATH ansection PART I. OEATH WAS CAUSED BY burial-transit cremation, or r IMMEDIATE CAUSE (a) horacie Aorta - Auto Accident -**OUE TO** Conditions, if any, which gave rise to immediate **OUE TO** (a), stating Ø underlying cause last. (c) used as to burial, WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION PERFORMEO? YES X ND T 3 should be agent, prior 20a. EXTERNAL CAUSE WAS PRIMARY 5 or CONTRIBUTING CAUSE OF DEATH. 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert 1 or Part II of Item 18.) Asiving con made 21 Turn struck by another (State) MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) TIME OF INJURY Month, Oay, Year factory, street, office bldg., etc.) Md ethesdo 240 CTOR: Page designated at work et work and In my opinion 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry es. DIRECTOR: Accident X, Homicide Undetermined manner Suicide death resulted from: Natural causes CHIEF MEDICAL EXAMINER Page 4 s for your 22. DATE SIGNED SIGNATURE 0 **OEPUTY MEDICAL EXAMINER** John 4. director. retained Maddress (Street, city, town, or county) Georgetown Rd. NAME (Type) 7936 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION. 23b. OATE THEREOF REMOYAL (Specify) 0 West End Cemetery Virginia 1966 Burial lune 25a. REC'O BY REGISTRAR I 25b. REGISTRAR'S SIGNATURE 24. FUNERAL OURECTOR ADDRESS . Musikan VR A15ME Silver Spring umphreu 3500 4-64

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE Maryland Montgomery Montgomery MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Damascus Damascus .= d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within 26420 Ridge Rd. YES NO SC 26420 Ridge Rd. etely executed within 3. NAME OF Middle Month DECEASED 19 66 (Type or print) Hughes DEATH May Ina Rhea 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 5. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last, birthday) | Months | Days | Hours | Min. 1892 WIDOWED X March 27. DIVORCED I Female White 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 5 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician lease and ii COUNTRY? Missouri USA Statistican Retired law requires that the death certificate attending physician. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal Ella E. Kendig William C. Brown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address 0 580-52-9165 Walter E. Hughes, 25101 Oak Dr. Damascus, cremation, 2 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] al-transit ONSET AND DEATH signed by PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Axteriosclerotic Heart burial-burial, Conditions, If any, which peen 0 gave rise to immediate DUF TO cause (a), stating the underlying cause last. certificate has CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? 40 edudial Infarction YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING [ō OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) MEDICAL 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, (County) 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. 0 Whlle Not While at work TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the 21. I certify that (I) (this hospital) attended the deceased from 1966, and that death occurred a saw the deceased alive on... _M, from the causes and on the date stated above. 22b. DATE SIGNED 22a. SIGNATURE ATTENDING 5-19-66 M.D. DIRECTOR PHYS. PHYS. 22c. PHYSICIAN'S 105 Russell Ave., Gaithersburg, Md. NAME (Type) Jack Schumacher, MD. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF Cedar Hill Suitland, Md. May 20,1966 Burial FUNERAL DIRECTOR REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Olin L. Molesworth, Damascus, Md. VR A15 (4) 15M 4-64

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH executed within 24 hours after death. and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY e. STATE b. COUNTY by the financial Pages 1 urs after Maryland MONTGOMERY MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR YOWN (If outside corporate limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 1b Takoma Takoma .= Park d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled i d. STREET ADDRESS e. IS RESIDENCE ON A FARM? event, within 26 Philadelphia A YES NO X carbon NAME OF Middle Day Year DECEASED (Type or print) DEATH Ellen May 1966 Yurley 6. COLOR OR RACE and cor 5. SEX 8. DATE OF BIRTH 9. AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. | last birthday) | Months | Days | Hours | Min. 7. MARRIED NEVER MARRIED any WIDOWED X DIVORCED [YES. 10a. USUAL OCCUPATION (Give kind of work done | 10b, KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11/ BIRTHPLACE (County & State, or foreign country) certificate be during most of working life, even if retired) INDUSTRY malica Housewite merican 13. FATHER'S NAME MOTHER'S MAIDEN NAME remova UNKNOWN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 5 26 Phi welstaken Ave (Yes, no, or unkown) (If yes give war or dates of service) Mrs. Lorctio Takowa Pork 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. Coronary do IMMEDIATE CAUSE (a) been signed the burial-to or to burial, DUE TO Conditions, If any, which gave rise to Immediate DUE TO cause (a), stating the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY certificate hand the formula of the potential of the set of the se PERFORMED? CERTIFICAT NO IF PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) etached f Dept. of this MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) be de State Hour a.m. factory, street, office bldg., etc.) After Id be d Not While OR ATTENDING at work at work 1960 1966 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should led with the 1966, and that death occurred at / M. from the causes and on the date stated above. saw the deceased alive on_ 22a. SIGNATURE 22b. DATE SIGNED page . ATTENDING MED. DIRECTOR HOSPITAL ADDRESS FUNERAL PHYSICIAN'S director, p should be 1 NAME (Type) Silver Spriles, WI BURIAL, CREMATION. QE-CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 66 25a. REC'D BY REGISTRAR I 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20M 1/65

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W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission) e. COUNTY b. COUNTY Montgomery Maryland Montgomery MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town) Brinklow Brinklow d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 18196 Brook Rd. YES NO 3. NAME OF First Middle 4. DATE Month Year DECEASED OF (Type or print) DEATH Helen Ireland May 12 1966 Margaret 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH IF UNDER 24 HRS. 9. AGE (In years 1 IF UNDER 1 YEAR last birthday) Months Days Female Negro WIDOWED DIVORCED VIS. 10a, USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY A hours aft Pages 1, 2 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) USA Homemaker Marvland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Scott Lee Annie Kantk within 18. G form 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no. or unkown) | (If yes give war or dates of service) with 18. CAUSE OF DEATH [Enter only one cause and k line for (a), (b) end (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Office DUE TO Conditions, if any, which gave rise to immediate cause word "pending dical Examiner" DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) | 19. WAS AUTOPSY CERTIFICATION PERFORMED 3 the word 0 shoul 20a. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | writing to Chief A CAUSE OF DEATH. MEDICAL Page 20c. TIME OF INJURY Month, Dev. Year 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, 2Df. (City or town) (State) factory, street, office bldg., etc.) While Not While the at work at work 19 should be forwarded to the FUNERAL DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion designated Homicide Undetermined manner death resulted from: Natural causes Suicide CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY ò EXAMINER'S please 4 should FUN Health NAME (Type) 228. BURIAL, CREMATION, REMOVAL Specify (Stete) 22d. LOCATION (City, town, or coun Spring, Sanay Sanav REGISTRAR'S SIGNATURE VR A15ME 5M ,1/62

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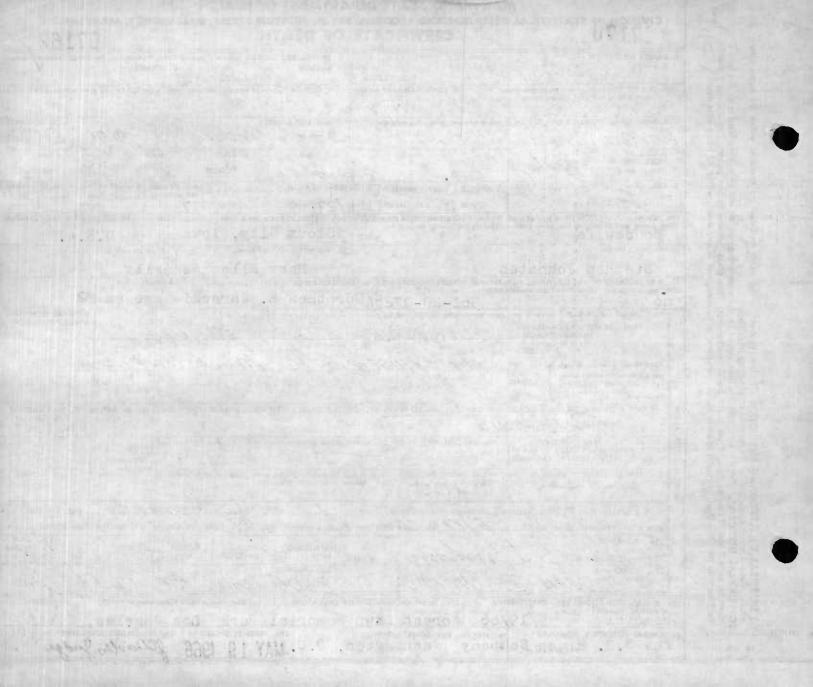
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and death PLACE OF DEATH a. CDUNTY 1. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) etely filled in by the further bon papers. Pages 1 a within 72 hours after d 24 hours after MONIGOMERY MARYLAND. b. CITY OR TOWN (If outside corporate limits. C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) d. NAME OF HOSPITAL OR (NSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Silver NO L YES and completely bon NAME OF DATE Middle Month Day Year DECEASED remove carb n any event, 1 DF (Type or print) 20 DEATH 19 66 SFX 6. COLOR OR RACE DATE OF BIRTH ACE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Months | Days Hours WIDOWED DIVORCED Z-vrs. in attending physician a ermit. Then please re on, or removal, and in 10a. USUALDCCUPATION (Cive kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT death certificate be CDUNTRY Tem GNGINEER 13. FATHER'S NAME MDTHER'S MAIDEN NAME va Maria 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCTAL SECURITY ND. 17. INFORMANT Waddress almaa 1 Mane as been signed by the atten as the burial-transit permit. prior to burial, cremation, or a (Yes, no, or unkown) (If yes give war or dates of service) Florida Park. no CAUSE OF DEATH [Enter only one cause, per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PHYSICIAN: The law requires that the hospital or attending physician. DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY certificate hashed for use a 19. PERFORMED? NO X YES 20a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) detached f e Dept. of MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY DCCURRED | 20e. PLACE DF INJURY (Home, farm,) (State) 20f. (City or town) (County) be de State factory, street, office bldg., etc.) Hour a.m. While Not While at work at work FUNERAL DIRECTOR: Aft director, page 3 should b should be filed with the St 4 may be retained 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 4 M. from the causes and on the date stated above. saw the deceased alive on 1966 22a. SIGNATURE 22b. DATE SIGNED director, page 3 should be filed w M.D. DIRECTOR PHYS. PHYS. HOSPITAL PHYSICIAN'S NAME (Type) 22d. **ADDRESS** 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME DF CEMETERY OR CREMATORY LDCATION (City, town or county) 2 REMOVAL (Specify) Philadelphia, Penna 25b. REGISTRAR'S SICNATURE FUNERAL DIRECTOR ADDRESS GEORGIA HUEL 25a. REC'D BY RECISTRAR VR A15 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CEPTIFICATE OF DEATH

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-	Kensing ton	47.3
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS O. IS RESIDENCE ON A FARM?
-	arroll Hall Sanitarium	2/33 Urucky DI. M.W. YES NOD
3.	NAME OF First Middle	Last 4. DATE Month Dey Year
	(Typa or print) /TE/EM M	12 vecki DEATH 5 17 1966
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	F WIDOWED D DIVORCED	last birthdey) Months Days Hours Min.
10	a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDU	4/21/07
do	one during most of working lifa, even if retirad)	0.1
-	Housewife	
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Stephen Johnston	Mary Ellen Kennelly
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17	7. INFORMANT Address
	no 11/90 give were reases of services 561-20-0728A	Dorothea M. Jarecki same as #2
200	1B. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).	I INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
	IMMEDIATE CAUSE (a) (C) (GP) //USE	MENT TATIONS
	4200 DUE TO // /	1 6 1 1 1 1
	Conditions, if any, which \ (b) // ///050	PIOTIC MENT MISESSO
	gave rise to immadiate causa (e), stating the underlying DUE TO	
	causa last. (c)	
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
CERTIFICATION	FAPUMIMIZ	PERFORMED? YES NO (7)
FIC.	2Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	IRRED. (Enter natura of injury in Part I or Pert II of item 18.)
ERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
MEDICAL		PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Steta) factory, straet, office bldg., etc.)
ME	p.m. 19 at work at work	
	21. I certify that (I) (this hospital) attended the deceased fro	m
		nat death occurred at // 52M, from the causes and on the date stated above.
	226. SIGNATURE	22b. DATE
(1/1/2010-	ATTENDING MED. STAFF STGNED
	22c, PHYSICIAN'S	M.D. PHYS. DIRECTOR PHYS. 3/17/66
	BAME (TYPE JOHN B. UMHAU	8805 Conn. Ave. Ch. Ch. Md.
234	BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETE	RY OR CREMATORY 23d. LOCATION (City, town or county) (State)
	removal 5/19/66 Forest Law	n Memorial Bark Dos Angeles, Calif
	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	The S.H. Hines Company Washingt	on, D. C. MAY 1 9 1966 Policy Judge
_		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

VR A15 (4) 20M 5-63



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATI	E OF DEATH
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission,
Monte	a. STATE Maryland b. COUNTY Montgomery
b CITY DR TOWN (if outside cornorate limits LC LENGTH OF STAY IN 15	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town)	Silver Spring 15-1
Jakoma Park 2 weeks 6 day- d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
	ON A FARM?
Washington Sanitarium and Hospital	328 Highview Avenue YES □ NO 🗵
3. NAME DF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) Charles Elliott	Jefferson DEATH May) 1900
7. MARKIED THEVER MARKIED	8. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR FUNDER 24 HRS last birthday Months Days Hours Min.
	May 4, 1893 73 yrs. Monthly Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Civil Engineer Self Employed	Ohio U.S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Jefferson	Hugenia Eustic
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
(Yes, no, or unkown) (If yes give war or dates of service) Yes W 1 313-16-3470 Na	incy Dykstra Silver Spring. Maryland
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INCY DYRSITA Silver Spring, Maryland I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	O O O O O O O O O O O O O O O O O O O
IMMEDIATE CAUSE (a)	y envolus (promop tog) (day
Conditions If any orbital DUE TO	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Conditions, If any, which gave rise to immediate (b)	composes 20 days
cause (a), stating the DUE TD	
underlying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
accident fibrilation	YES NO
20a. ACCIDENT WAS UNDERLYING U 20b. DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of injury in Part I or Part II of Item 18.)
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAN factor 20m. 20m.	ry, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	Felt 1961 to May 5, 1966, that (1) (we) last
	t death occurred at 2/32/4M, from the causes and on the date stated above
22a. SIGNATURE	22b. DATE SIGNED
Sydney Lene that M.D.	DIRECTOR DISTAFF DIRECTOR DIRECTOR DAYS. 1966
22c. PHYSICYAN'S	22d. ADDRESS
NAME (Type) new Leventhel, M.D.	9210 Colesville Rd. Silver Spring Md
23a. BURIAL, CREMATION, 23b. DATE THEREDF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial (Specify) 9 May 1966 Arlington Nat	
24. FUNERAL DIRECTOR 1 12 ADDRESS . A	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Warner E. Pumphrey. Inc. Silver Spring.	Md. MAY 9 1966 Actionles Justes
The control of the co	THE TOTAL STATE OF THE STATE OF

VR AI5 (4) 1/65

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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	721 J. Lightei	Interest less soles	
	10 616 [3]	Masico, calsari	
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		distribution	
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of the May colored by the	11/2 11/2	on wear New	WHAT YE
2 1965 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			14.6

10-10	Items 20&21 Film G378MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	07172 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 07164
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 5. STATE b. COUNTY
be be sth.	b. CITY ON TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b waste BURAL end give pearest town)
cessary, re funeral may be partment ter death.	CHARLES TOWN 83-3
45 94	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
delay is and 3 to 13. Page 13. Page 10. 2 hours a	3. NAME OF First Middle Lest 4. DATE Month Day Year
h the	OF DECEASED (Type or print) TOBERT H. JENKS' DEATH May 8 1966 5. SEX 6-COLOR OR RACE 7 MARRIED 18. DATE OF BIRTH 9. AGE (In years IF UNDER 14 PER 15 UNDER 14 PER
MEDICAL EXAMINER. This certificate should be executed within 24 hours after death. If an ecute the certificate, writing the word "pending" in pencil in Item 18. Give Pages-14. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form on your files. L DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the or its designated agent, prior to burial, cremation, or removal, and in any event within 7	5. SEX 6. COLOR OB RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 14 HOURS Min. Months Days Hours Min. Months Days Hours Min.
with With and a	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during post of working life, even if retired) INDUSTRY, New York COUNTRY?
n 18. Gi along pages 1 in any e	13. FATHER'S NAME
hours em 1 ice al e pag	Paul ^J enks Evelyn Bunts
n 24 ho in Item s Office t. File al, and	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (If yes gire war or dates of service) 3/32 - 9/09 Address
f within 2 pencil in miner's C permit. I	B -32-8/09 Paul Jenks, father, same item # 2 18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end (c).] INTERVAL BETWEEN
Example of the state of the sta	PART 1. DEATH WAS CAUSED BY: 9023 IMMEDIATE CAUSE (e) LAJURIES MULTIPLE SEVERE IMMEDIATE CAUSE (e) LAJURIES MULTIPLE SEVERE
uid be executed l''pending" in if Medical Exan s burial-transit cremation, or i	conditions, if any, which by FAII FROM ELECTRICAL TOWER (100 FT)
uld be ef Me ef Me a buri	ceuse (e), stating the DUE TO
ficate shou the word the Chiel the Chiel used as a to burial,	Underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY REFFORMED?
ficate the other to by	YES NO
cate, writing forwarded to 3 should be agent, prior	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS A DUTY OF PERFORMED? YES NO 20a. EXTERNAL CAUSE WAS PRIMARY FO OF CONTRIBUTING DECEASED FOR PRIMARY FOOD CONTRIBUTION DECEASED FOR PRIMARY FOOD CONTRI
te, worwar orwar shou gent,	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State)
tifical tifical be fall age 3	
the certificate certificate of should be ur files.	21. I certify that I took charge of the remains described above held an Autopsy X, Inspection Inquiry A, and In my opinion death resulted from Natural causes , Accident X, Suicide , Homicide , Undetermined manner
redical Example of the content of age 4 shour fless of the point of the content o	ACTUAL CHIEF MEDICAL EXAMINER 22. DATE SIGNED
D DEPUTY MEDIO DISPLAY MEDIO DISPLAY MEDIO DISPLAY OF UNERAL DIRE OF Health or its	SIGNATURE M.D. DEPUTY MEDICAL EXAMINER M. O 1011
D DEPUTY MEI please execu- director. Pag catalod for y revened DI of Health or i	EXAMINER'S NAME (Type) SELDEN LAGRENCE (Street, City, town, or county) TEO 23a. BURIAL, CREMATION, 1 23b. DATE THEREOF 1 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
TO DEPU please directo retaine TO FUNE of Heal	REMOVAL (Specify) Burial 5/11/66 Riverside cemetery Whitney Point N.Y.
VR AI5ME (5)	24. FUNERAL DIRECTOR 1 ADDRESS OCK. Pike 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Tyson Wheeler Funeral Home Rockville, Maryland MAY 10 1956 Clearly Surger
5M 1/65	DATE WITH 20 1000

Total Service Comment of the Comment AND THE PARTY OF THE PARTY OF THE PARTY. THE PROPERTY EXECUTION OF THE PARTY (100 FT) Your Making Funneyl Bone nowhells, Neryl He WAY L. 1338 N. Control Property

. PRESTON STREET, BALTIMORE 1, MARYLAND **DIVISION OF STATISTICAL RESEARCH AND RECORDS** DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) e. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 Y OR TOWN (If outside corporete limits, write RURAL end give nee write RURAL end give nearest town) MIRLAND

d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) . IS RESIDENCE hours ON A FARM? HAIRLAND YES NO T NAME OF DECEASED Middle 4. DATE Day OF (Type or print) DEATH and cor 6. COLOR OF RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthdey) Months Deys Hours WIDOWED IDe. USUAL OCCUPATION (Give kind of work done during most of working the, even if retired) 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY ian country) Then please 13. FATHER'S NAME and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? oval, (Yes, no, or unkown) | (Ifyesgivewerordetesofservice) 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c) ONSET AND BEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO (e), steting the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY ATION PERFORMED? as o NO use prior CERTIFI 2De. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Dey, Year 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete) fectory, street, office bldg., etc.) While Not While Hour e.m. 19 et work et work p.m. (this hospital) attended the deceased from. M, from the causes and on the date stated above. 7 19 66, and that death occured at. 220 SIGNATURE SIGNED PHYS. DIRECTOR Tra M.D. PHYSICIAN'S NAME (Type) 22c. ector, filed LOCATION (City, town, or county) CEMETERY OR CREMATORY 23 BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL 24 FUNERAL DIRECTOR'S SIGNATURE REC'D BY REGISTRAR **ADDRESS** VR A15 (4) 15M 9/60

physician

FUNERAL.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH after death 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission a. COUNTY b. COUNTY Montgomery Maryland Montgomery MARYLAND by the Pages b. CITY OR TOWN (If outside corporate limits, C. LENGTH DF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town Rockville Rockville .= d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) d. STREET ADDRESS filled e. IS RESIDENCE within 72 ON A FARM? 212 Lincoln Avenue 208 Frederick Ave. NO X YES executed within letely carbon 3. NAME OF Middle Month DECEASED 19 66 Elizabeth G. Johnson 21, event, May сошр (Type or print) DEATH 6. COLOR OR RACE 5. SEX 8. DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. | Ist birthday) | Months | Days | Hours | Min. 9. 7. MARRIED NEVER MARRIED remove any 15, Sept. WIDOWED X 10a. USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? and U.S.A. Housewife Maryland physic The law requires that the death certificate or attending physician. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova attending p Ella Dorsey Andrew Warfield 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address transit permit. (Yes, no, or unkown) (If yes give war or dates of service) Item Ella Holland(Daughter) the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN al-transit ONSET AND DEATH signed by PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO Conditions, If any, which (b) been gave rise to immediate DUE TO cause (a), stating the r this certificate has b detached for use as the te Dept. of Health prior underlying cause last, as CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING O DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS PERFORMED? YES NO 20a, ACCIDENT WAS UNDERLYING F 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) TIME DF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. After Not While OR ATTENDING be retained by at work at work 0 the 21. I certify that (i) (this hospital) attended the deceased from director, page 3 should should be filed with the saw the deceased alive on-1966, and that death occurred at _M. from the causes and on the date stated above. 22a. SIGNATURE DATE SIGNED page ATTENDING Page 4 may 1 M.D. PHYS. DIRECTOR PHYS. PHYSICIAN'S ADDRESS director, p should be 1 NAME (Type) BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) REMOVAL (Specify) 5/25/66 Lincoln Park Burial Rockville, Md . 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR Home Rockville, Md. VR A15 (4) nowden oun. 15M 4-64

AND THE RESERVE OF THE PARTY OF

21	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	07175 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 07168
HEALTH DEPT.	1. PLACE OF DEATH a. COUNTY b. COUNTY c. STATE c. DEATH c. COUNTY c. STATE c. COUNTY c. COU
(Mon1901727 - MARYLAND Md. Md. Mentagners
sary nera y be	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
cessary, the funeral s 5 may be Department after death	Bethesaz. 15/2m. Bethesda. 15-1
to the ge 5 e Dep s after	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Woods-in Kenwerd off Kendelyto 5/17 Fair glen Lane (YES) NO NO
Og ur tat	
PM3.	3. NAME OF DECEASED (Type or print) Steven Francis Johnston OF DEATH Mouth Day Year OF DECEASED (Type or print) Steven Francis Johnston OF DEATH Mouth Steven Married Never Married Neve
th. If a form P form P within within	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS.
ages.	M. W. WIOOWEO OIVORCEO 9/23/56 9 yrs. Months Days Hours Min.
ive Pa with with	108. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR II. BIRTHPLACE (Stata or foralgn country) 11c. CITIZEN OF WHAT COUNTRY?
afte 1. Gi ong es 1 any e	13. FATHER'S NAME
ours after 18. Ge along pages 1 in any	Francis Rinehart Johnston Elizabeth R. Johnston
24 hor lem Office and	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Liverdale, 9110.
within 2 pencil in miner's 0 permit. I	(Yes, no, or unknown) (If yes give war or dates of service) - Samuel Del Vecchio -5506-Kenilworth Are
EXAMINER: This certificate should be executed within 24 hours after death. If any delacertificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and hould be forwarded to the Chief Medical Examiner's Office along with form PM3. les. R: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Signated agent, prior to burial, cremation, or removal, and in any event within 72 hours.	18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).]
Exa Exa Insit	GO IMMEDIATE CAUSE (a) 77 37 11 4 7 3
d be executed "pending" in Medical Exa burial-transit cremation, or	Conditions, If any, which DUE TO Stab. wounds of Larynx + Neck Sociden
Med ber	gave rise to immediate cause (a), stating the DUE TO
houl ord hief hief s a	undarlying causa last. (c)
icate should be executed the word "pending" in the Chief Medical Exa used as a burial-transit to burial, cremation, or	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMEO? YES NO 20a. EXTERNAL CAUSE WAS PRIMARY FOOR CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter natura of Injury In Part I or Part II of Itam 18.) Stable Color But A 53 2 1/3 1/2 52/- 65 072 -
to the to	YES NO 120a. EXTERNAL CAUSE WAS 120b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Itam 18.)
ritin ded ded prio	20a. EXTERNAL CAUSE WAS PRIMARY BY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter natura of Injury In Part 1 or Part 11 of Itam 18.) \$\frac{1}{5} \frac{1}{5}
R: This certificate, writing forwarded to 3 should be agent, prior 1	20c. TIME OF INJURY Month, Oay, Year 20d. INJURY DCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
MER:	3 30 p.m. 5/8/1966 at work at work Wille Woods. Bethesde Mont. Md
the certificate the certificate that the certificat	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection Inquiry , and in my opinion
the certification of the certi	death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined manner
xecute t Page 4 for your	ACTUAL SALE BASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
execute Page 4 d for your RAL DIRECT The Or its	DEPUTY MEDICAL EXAMINER \$ 3/9/66
D DEPUTY please e director. retained D FUNER/ of Health	NAME (Type) Addrass (Street, city, town, or county)
O DEPUTY MEDICAL EXA please execute the co director. Page 4 shoul retained for your files. O FUNERAL DIRECTOR: of Health or its design	250. HAME OF CEMELET ON ON THE THEREOF
FF	24. FUNERAL DIRECTOR AODRESS 253. REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR AISME (5) 5M 1/65	Jos. Gawler's Sons, Inc., Wash., D.C. DALLY 19 1966 Icharles Judge.
1,00	11111 1111 1111

March 2-10 restricted as Nandaline 5117 33 and the Balline Street I have been a street was the street of the street o France Minches to behasten Elected Midordates Charles Tell Medition Since the The Carlot of the State of the the design of the party of the same of the AND THE PROPERTY OF THE PROPER Jos. Charmel Ton, Thom, D. J. Bee May In 1966 Annual Park

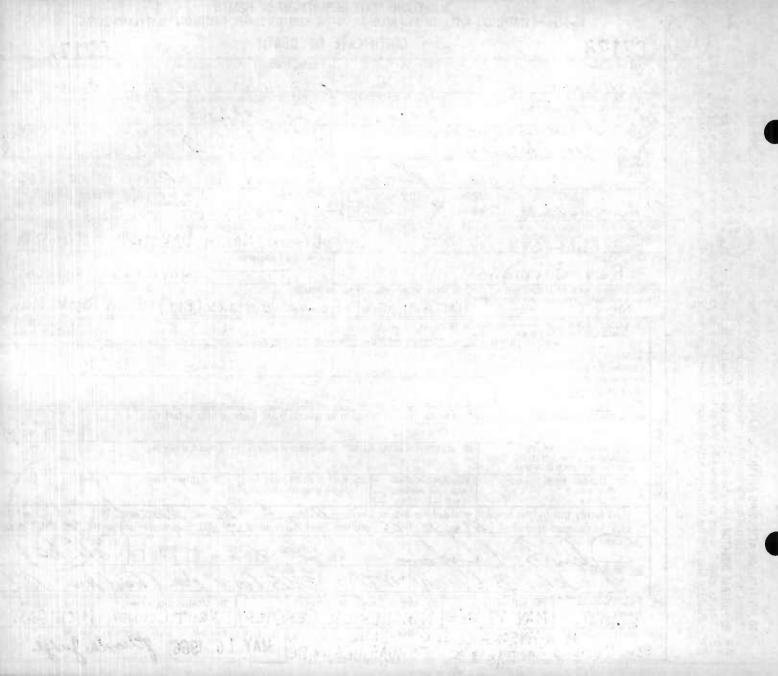
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceesed lived, If institution: Rasidence bafore admission e. COUNTY b. COUNTY by the and 2 death. Montgomery Maryland Howard MARYLAND b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) write RURAL and give negrest town) .57 Gaithersburg Laurel/ Savage 12 yrs 8 Mo filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give straet addrass) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? completely papers. n 72 ho YES NO Asbury Methodist Home NAME OF DECEASED Middle Last 4. DATE Month Dev Year OF within (Type or print) Sarah R. Jones DEATH 1966. carbon 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. pue last birthdey) Months event, Nov. 3, 1881 WIDOWED T DIVORCED [hysician гетоме 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & Stele, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, evan if retired) Nurse Guilford, Howard Co., Md. please and in 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME David Alonzo Bell Annie Vincent Jones Then | removal, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or dates of servica) Asbury Methodist Home, Gaithersburg, Md. permit. attending physician. 18. CAUSE OF DEATH [Entar only one cause par lina for (b), end (c). After this certificate has been signed by INTERVAL BETWEEN 50 ONSET AND DEATH PART I. DEATH WAS CAUSED BY: cremation, IMMEDIATE CAUSE (e) burial-fransit DUE TO Conditions, if any, which (b) gave risa to immediate ceuse burial, DUE TO (e), steting the underlying the the hospital or for use as t PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT 19. WAS AUTOPSY CERTIFICATION PERFORMED YES NO 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Entar neture of Injury in Part I or Part II of item 18.) of Health OR CONTRIBUTING | CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) be retained by 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED I 20e, PLACE OF INJURY (Home, farm, ! 20f. (City or town) (County) (State) fectory, streat, office bldg., atc.) Hour e.m. Not Whila DIRECTOR: 3 should be de State Dept. at work at work 19 p.m. 21. I certify that (1) (this hospital) (c.6, 19, that (I) (we) last 19......, and that death occurred 2.35 M, from the causes and on the date stated above. saw the deceased alive on 22e. SIGNATURE DATE ATTENDING SIGNED HOSPITAL FUNERAL page with th PHYS. DIRECTOR PHYS. Page 22c. PHYSICIAN'S 22d. ADDRESS filed v NAME (Type BURIAL, CREMATION, 235 BATE THEREOF OR CREMATORY 23c. NAME OF CEMETERY LOCATION (City. 0 24 FUNERAL DIRECTOR'S SIGNATURE BEGISTRAR'S SIGNATURE VR A15 (4) 20M 5-63

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Film G378 MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence Lefore Lamission) PLACE OF DEATH a. COUNTY b. COUNTY a. STATE MONTGOMERY MARYLAND Department after death. essary, funeral may be b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) CENSINGTON d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? State hours Bethesda, Md. 5122 U.S. Naval Hospital. YES NO S 0 rs after death. If any delay 18. Give Pages 1, 2, and 3 and 3. NAME OF First Middle Last DATE Month Day Year DECEASED the 72 0F (Type or print) True JORDA N DEATH 19 66 Eleanor Mav 2 with within 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS 8. last pirthday) Months Hours WIDOWED / DIVORCED F'emale 6.1 yrs. Cauc. and a 10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Massachusetts Housewife Newton. None 13. FATHER'S NAME MOTHER'S MAIDEN NAME EXAMINER: This certificate should be executed within 24 hours a me certificate, writing the word "pending" in pencil in Item 18. should be forwarded to the Chief Medical Examiner's Office and files. = Lillian Marcie CRAWFORD Preston File 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unkown) (If yes give war or dates of service) 17. INFORMANT (Husband) 16. SOCIAL SECURITY NO. Address permit. F Unknown Franklin E. JORDAN/Flint Dr. Kensington NO. INTERVAL BETWEEN MO 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: burial-transit cremation, or Calcific aortic valvular stenosis IMMEDIATE CAUSE (a). used as a burial-tran: to burial, cremation, DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO causa (a), stating the underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO T YES 3 should be agent, prior 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) PRIMARY | or CONTRIBUTING | MEDICAL (State) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. Not While While CTOR: Page designated at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry , and in my opinion Inspection please execute the cerdirector. Page 4 should retained for your files. TO FUNERAL DIRECTOR: Pof Health or its designa Undetermined manner Natural causes Suicide Homicide . death resulted from: Accident CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, town, or county) NAME (Type) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION.I 23b. DATE THEREOF 23c. REMOVAL (Specify) 0 Cedar Suitland Cremation 5-5-56 Hill Crematory Maryland 24. FUNERAL DIRECTOR
Robert A. Pumphrey Funeral Home, 7557 Wisconsin 25a. REC'D BY REGISTRAR 25b. 1966 AL5ME (5) Ave., Bethesda, Md. 1/65

Strength campidities contracted by the same will be a made and the Robert A. Paronney Finers Hame, That Misseands Alen 300 February

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH executed within 24 hours after death. by the funeral Pages 1 and 2 naurs after death I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) COUNTY o. STATE vithin 72 haurs after MARYLAND 50 meru b. CITY OR JOWN (If outside proporote limits, C. LENGTH OF STAY IN 16 OR JOWN (If outside corporate limits, write RURAL and give neggest town) write RURAL and give negrest town) = d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDIESS e. IS RESIDENCE ON A FARM? filled NO X carban NAME OF First Middle DATE Month Dov Year DECEASED URRIANS Tredo 1966 (Type or print) DEATH 9. AGE (In years 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED birthdoy) Days Hours and in any WIDOWFD DIVORCED IDo. USUAL OCCUPATION (Give kind of work done IDb. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY , NORTH AKOTH SOCIOLOGI OR ATTENDING PHYSICIAN: The law requires that the death certificat physie 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaval, IZUS Jurriaus MONAHU 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. (Yes, no, or unknown) (If yes give wor or dotes of service Grand Rapids, M (BRO) AVAILABLE NO burial, crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY burial-tronsit ONSET AND DEATH Convestive Heart Failure signed by 1 IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or attending physician. DUE TO Conditions, if ony, which gove Preumonic rise to immediate couse (a). DUE TO stoting the underlying couse prior tal this certificate has been lost. Gastrointestinel Homorrhace 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) USe , page 3 should be detached far use be filed with the State Dept. af Health NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While ot work TO FUNERAL DIRECTOR: After 21. I certify that (I) (this hospital) attended the deceased from_ M 3 11 1966, and that death occurred of M. fram causes and on the date stated obaye saw the deceased alive an. 226. SIGNATUR 22b. DATE SIGNED MED. DIRECTOR STAFF MD PHYS PHYS 22d. ADDRESS 22c. PHYSICIAN'S O HOSPITAL director, I should be NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL CREMATION 1966 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S CONTINC 1300-N ST. NW VR A15 (4) 20 M 1/66



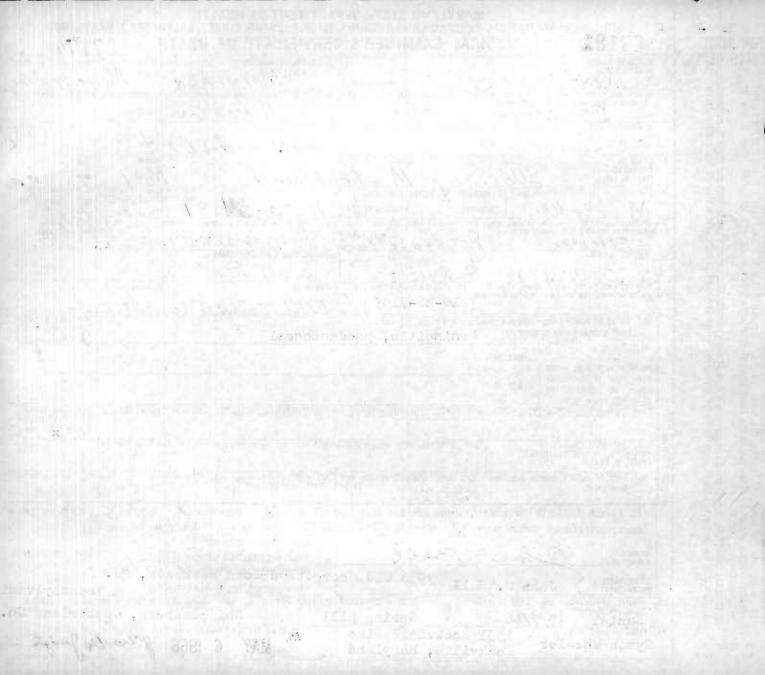
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY PM3. Poge Maryland Montgomery of 3 10 Montgomery MARYLAND Department b. CITY OR TOWN (If outside carparate limits, c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b and write RURAL and give nearest town) Silver Spring 1% hrs. Silver Spring d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? 18. Give Pages 1, 2. hours 2104 Coleridge Drive Stote Holy Cross Hospital NO T YES 4. DATE 3. NAME OF First Middle Lost Month Doy Year DECEASED 19 66 within Savas Vasili Kamburis May (Type or print) DEATH YEAR S. SEX B. DATE OF BIRTH 9. AGE (In veors IF UNDER IF UNDER 24 HRS. 6. COLOR OR RACE 7-MARRIED NEVER MARRIED Jast birthdoy) Months Doys Hours Male White WIDOWED DIVORCED 24 hours event 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY ony Rhodes, Greece
14. MOTHER'S MAIDEN NAME pencil in pages Restauranteur Restaurant U.S.A should be forwarded to the Chief Medical Exorniner's 13. FATHER'S NAME . This certificate should be executed within .= Vasili Kamburis Despina puo 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 9 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. or removol, 'pending" Anthe Kamburis Same as above 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) INTERVAL BETWEEN buriol-tronsit ONSET AND DEATH writing the word 4201 burial, cremation, DUE TO Conditions, if ony, which gove rise to immediate cause (a), DUE TO stoting the underlying couse 0 as 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) please execute the certificate. 0 pe 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 3 should or its designated agent, prior PRIMARY Or CONTRIBUTING **EXAMINER:** CAUSE OF DEATH. MEDICAL 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. Not While 5 may be retained for your to FUNERAL DIRECTOR: Page Health or its designated age the funeral director. Page 4 at work 21. I certify that I took charge of the remains described above, held an Autapsy ond in my apinion Inspection Inquiry deoth resulted from: Noturol causes Arnident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DERUTY MEDICAL EXAMINER **EXAMINER'S** Addres (Street City, Joyn of county) NAME (Type) 23c. NAME OF CEMPTERY OR CREMATORY 23d. LOCATION (City or Town) 230. BURIAL CREMATION. (County) (Stote) REMOVAL (Specify) Glenwood Cemetery Washington, D. Burial 2901-144 VR A15ME (5) 6M 1/66

e productive 'your next persons " 1.4

	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M	ARYLAND
death.	07180 CERTIFICATE OF DEATH	07173
a and a search	1. PLACE DF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Real COUNTY b. COUNT	sidence before admission)
-	MONT GOMER! MARYIAND MARYIAND	NIGOMERY
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	and give nearest town
-	d. NAME OF HOSPITAL DR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE
	1/2/2 1 2 11	ON A FARM?
1100	3. NAME OF First Middle Last 4. DATE Month	Oay Year
-	(Type or print) FANNU N.MN. KADLAN DEATH 5-	25 1966
1	5. SEX 6. COLOR OR RACE 7. MARR/ED NEVER MARRIEO 8. OAXE OF BIRTH 9. ACE (In years if UNDER: last birthday) Months	YEAR IF UNDER 24 HRS. Days Hours Min.
-	VE MARE WILL WILL WILL DIVORCED 3-18-80 Vrs.	TIZEN OF WHAT
0	outring most of working life, even if retired) INDUSTRY	UNTRY?
-	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	5.17.
	FREEDMAN, MORRIS HANNAH IJEA.	54
-	15. WAS DECEASED EVER IN U.S. ARM/D FORCES? (Yes, no/ or unknown) (If yes give war or dates of service)	
	NO NONE HOSP RECORDS	
	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART 1. OFATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cente myreadil Infanction duet 12 CVD	36 hours
	Conditions, if any, which (b)	
	gave rise to immediate cause (a), stating the OUE TO	
	underlying cause last. (c)	
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Described by Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CON	19. WAS AUTOPSY PERFORMED?
SIL	20a. ACCIDENT WAS UNDERLYING 20b. OESCRIBE HOW INJURY OCCURREO. (Enter nature of injury in Part 1 or Part 11 of Item 18.)	YES NO
la c	20a. ACCIDENT WAS UNDERLYING 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) CREATER TO BE NOT THE PART OF THE PA	
		ty) (State)
lar.	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) While at work at work	
1	21. I certify that 40 (this hospital) attended the deceased from agree 14, 1966, to May 25, 196	6, that (I) (we) last
	saw the deceased alive on May 2 1 1966, and that death occurred at 10 2 M, from the causes and on the	e date stated above.
	ATTENDING TO STAFF TO AVA.	TE SIGNED
	22c. PHYSICIAN'S 2	0 50
-	NAME (Type) GENE U. COHEN, M.D. 1106 SPRING ST. SILVE	mp:
2	PURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or could be seen as the second of the second	nty) (State)
	24. FUNERAL DIRECTOR ADORESS 25a. REC'O BY RECISTRAR 25b. REGISTRAR'S	
	It allowethe over themes 4217 get of MIN 1 1966 Policyles	Judge
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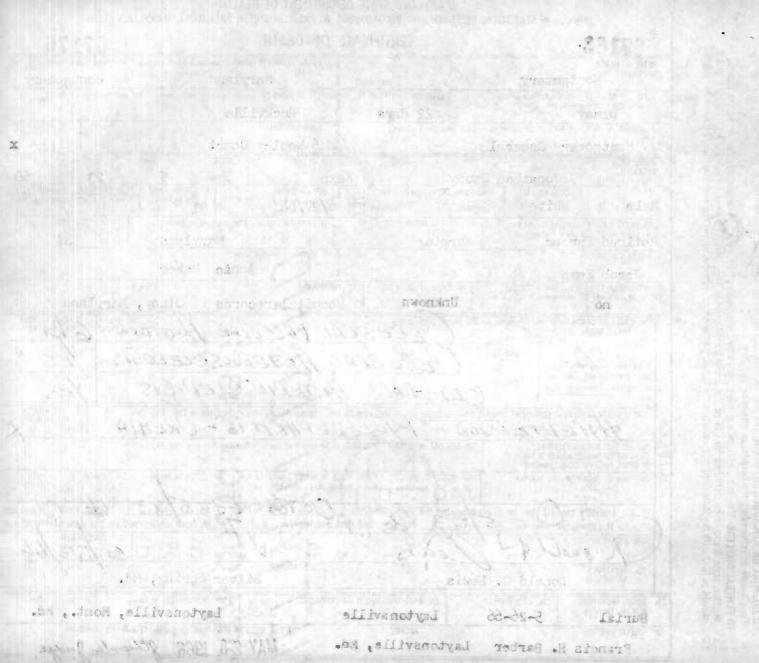
1 /		MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND						
FOR STATE	1	07181 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	174					
HEALTH DEPT	少	PLACE OF DEATH a. COUNTY b. COUNTY b. COUNTY c. USUAL RESIDENCE (Where deceased lived, if institution: Re a. STATE A. A	sidence before admission)					
eral be be ath.	1	b. CITY OR TOWN (if outside corporate limits, write RURAL, and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (if outside corporate limits, write RURAL)	and give neerest town)					
Jelay 13 Cessary, and 3 to the funeral Page 5 may be State Department hours after death.		DETHESOLA JARS. WHEATON	15.1					
to the See 5 ge 5 after a after a		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?					
Page Page State Dours a	3.	NAME OF FIrst Middle / Last 4. DATE Month	YES NO					
M3 M3 The		NAME OF First Middle Last 4. DATE Month OF DECEASED (Type or print) WALTER M KAUFFMAN DEATH MAY	4 1966					
年17日 洋岩	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeers IT UNDER)	YEAR IF UNDER 24 HRS. Days/ Hours Min.					
(C) (C)	10	WIDOWED DIVORCED 10-20-3437 yrs. 6 2 a. USUAL OCCUPATION (Give kind of work done 10b. Kind Of BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CI	TIZEN OF WHAT					
rs after death. 18. Give Pages along with for seges f and z	du	a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11c. BIRTHPLACE (State or foreign country) 12c. Cl 13c. Cl 14c. Cl 15c. Cl 15c. Cl 16c. Cl 17c.	UNTRY?					
age alo	13	FATHER'S NAME MOTHER'S MAIDEN NAME						
4 hours Item 18 Office al	1	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT / Address						
4 E	Ō	es (no) or unknown) (If yes give war or dates of service) 210-26-7145 Edna - wile san	re					
uted within in pencil Examiner's sit permits or remove	18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end (c).]	INTERVAL BETWEEN						
fide executed "pending" in f Medical Exar burial-transit cremation, or	/	PART I. DEATH WAS CAUSED BY: Meningitis, pneumococcal	3 days					
id be execu "pending" f Medical burial-tran cremation,		Conditions, if any, which (b)						
id be f Me crem		gava risa to immediata cause (a), steting tha DUE TO						
shoul word Chief Chief	Z	undarlying cause last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY					
the wor the wor o the Chi used as	2 18		PERFORMED?					
R: This certificate should be executed within sate, writing the word "pending" in pencil forwarded to the Chief Medical Examiner's 3 should be used as a burial-transit permit. agent, prior to burial, cremation, or remova	CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.						
This we ware ware shoulent,	CALC	20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20c. PLACE OF INJURY (Home, farm, 20f. (City or town) (Coul	nty) (State)					
NER: ficator of for for for for for for for for for f	MEDI	Hour a.m. p.m. While Not While at work at work factory, street, office bidg., etc.)						
EXAMINER: e certificat hould be fo lies. OR: Page 3		21. I certify that I took charge of the remains described above, held an Autopsy X, Inspection X, inquiry X.	and in my opinion					
the certificates the certificates. 4 should be ur files. CTOR: Page designated		death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner						
2 0 0 2 5		ACTUAL SIGNATURE Of B. B. B. M.D. ASSISTANT MEDICAL EXAMINER .	22. DATE SIGNED					
5 o 0	2	EXAMINER'S John G. Ball 7936 Old George PEVITY MEDICAL EXAMINER'S Address (Street, city, town, or county)	6 Pennsylvan					
Address (Street, City, town, or county) Per NAME (Type)								
5 2 5 5		REMOVAL (Specify) Burial 5/7/66 Spring Hill Shippensburg, Cum FUNERAL DIRECTOR 1.331 Packy ADDRESS Pike 25a. REC'D BY REGISTRAR 25b. REGISTRAR';						
VR AISME (5)	12	Tyson Wheeler Rockville, Maryland DATMAY 6 1966 Follows						
5M 1/65	_	TOOKATITO A TOOKATITO O TOO						



1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
FOR STATE	07182 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 07175	ŏ,
HEALTH DEPT	a. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY a. STATE	lon)
+- W	Montgomery MARYLAND WARYLAND	
s recessary, o the funeral e 5 may be Department after death.	b. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) RUSTAL Marting Dock	wn)
ter ter	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENT ON A FARM	NCE
slay is necessary, a 3 to the funeral Page 5 may be State Department ours after death.	along · Electric · Power · Lines -	
delay is page. Page hours hours	3. NAME OF First Middle Last 4. DATE Month Day Year DECEASED OF OF	
any d 2, ar PM3.	(Type or print) George Richord. Neller DEATH May 3/ 1966	
hours after death. If any delem 18. Give Pages 1, 2, and ice along with form PM3. e pages 1 and 2 with the Stad in any event within 72 ho	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 Hours Months Days Hours Married 7. 19. 19. 3. 2 yrs.	lin.
with and and and and	10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	_
fter Give g w	Electric- Line-Man West Usrginia U.S.H	
burs aften 18. Gi	13. FATHER'S NAME	
24 hou lifem Office File p	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
EXAMINER: This certificate should be executed within 24 hours the certificate, writing the word "pending" in pencil in Item 1 should be forwarded to the Chief Medical Examiner's Office a rifles. CTOR: Page 3 should be used as a burial-transit permit. File page designated agent, prior to burial, cremation, or removal, and in	(Yes, no, or upstorn) (If yes, pie war or dates of service) The by the transport of the tr	,
within 2 pencil in miner's 0 permit. 1 removal,	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	
ted in personal in	IMMEDIATE CAUSE (a) COFORDRY LISUSTICE DCG ACUTE IS IN	
uld be executed "pending" in if Medical Exan burial-transit I cremation, or i	Gonditions, if any, which (b) Coronary Arterio Sclerosis. 4201 Conditions, if any, which (b) Coronary Arterio Sclerosis. 4-307 4-30	
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L EXAMINER: This cert he certificate, writin should be forwarded files. TOR: Page 3 should b designated agent, prio	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street office bldg, etc.) (City or town) (County)	e)
NER iffical be fine age 3		
the certificates the certificates.	21. I certify that I took charge of the remains described above, held an Autopsy X, Inspection X, Inquiry X, and In my opli	nion
the ce should files.	death resolved fibin. Hatard dosess [7]	
MEDICAL Becute the Page 4 or your	actual Signature John & Bell. CHIEF MEDICAL EXAMINER Bethesda, Md. assistant Medical Examiner 22. Date Signature	NED
Y ME Pag for AL D h or	DEPUTY MEDICAL EXAMINER \$ 3/3/66	
To DEPUTY MEDICAL EXA please execute the ci director. Page 4 shou retained for your files. O FUNERAL DIRECTOR: of Health or its design	NAME (Type) Address (Street, clty, town, or county) (State,)
of To Fire	Burial (Specify) June 2, 1966 Oliset Cemetery Moorefald West Virginia	
	24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR' 25b. REGISTRAR'S SIGNATURE PLANT 3 1966 Charles Judge.	
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- 4			ä	07183	3		CERTIFIC	ATE	OF DEATH			(71	76	
	de att	1		PLACE OF DEATH					2. USUAL RESIDENCE (Where dec			nce befar	admissio	on)
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	the the age s of	377	8	b. CITY OR TOWN (I write RURAL ond	If autside carparate limits d give neorest town)	5,	c. LENGTH OF STAY IN 1	b	c. CITY OR TOWN (If o		arate limits, write RU	RAL and giv	e neares	tawn)	
	by P			Olne	eÿ		22 days		Rockvi	llle		/	5-1		Na.
	d in d in pers	10	-		AL OR INSTITUTION (If no		, give street address)		d. STREET ADDRESS		Q+		1	ON A F	ARM?
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	OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death be retained by the haspital ar attending physician. NIRECTOR: After this certificate has been signed by the attending physicial on campletely filled in by the funeral e.3 shauld be detached far use as the burial-transit permit. Then please to playe carban papers. Pages I and ed with the State Dept. of Health priar ta burial, cremation, ar remaval, and irrany event, within 72 hours after described.		1	NAME OF DECEASED (Type or print)	Jonatha		Middle	Ke	Lost MD	4. DATI OF DEAT			Doy 23	Ye	66 66
	urec impl ve c		S.		6. COLOR OR RACE	7. MARRIE	NEVER MARRIED		DATE OF BIRTH	474	9. AGE (In years	IF UNDER Months	1 YEAR Days	IF UNDER	R 24 HRS.
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	are are			FATHER'S NAME	'armer	Fa	INDUSTRY		MOTORIS MAIST		aryland		U	SA	
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	equires that the death certifical physician. signed by the attending physici burial-transit permit. Then ple burial, cremation, ar remaval, a	bi	(Ye	s, no, or unknown)	(If yes give war ar dates o	f service)	s. social security no. Unknown		ospital rec	ords	Olney		vlan	d	
	the at pel	Tion the		IR CAUSE OF DE	ATH /Enter only one cou	se ner line f	or (a), (b), and (c),)		-		11.		INT	RVA BET	WEEN
	the the last			PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE	(o)	or (A, (b) and (c)) EREB	CH	L VASCO	LAR	HOGID	SUT	BN:	EX THE	STH
	equires that the physician. signed by the burial-transit burial, cremat			331.	X DUE		D-0-DI	211	/1	DINE	CLERO	215	6	0-	
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	r The at	0	ATION	Ay.		USION	- HEL	02	EPHRIT	18	- UREM	1/A			NO X
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	hasp hasp cer				MEDICAL EXAMINER) JRY Manth, Day, Year	204	INJURY OCCURRED 200	o DI ACI	E OF INJURY (Hame, farn	n, 20f.	(City or town)	ICo.	unty)	-	(State)
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	is Specification		V	22a. SIGNATURE	OIL	1/	7		ATTENDING ATTENDING	MED.	CTAFE	22b. D	ATE SIGN	ED /	,
	OR Die r	1		100	mous 4.	//	euro	M.D.	. PHYS.	DIRECTOR	STAFF PHYS.	15	12.	3/6	6.
	TAL MAL C			22c. PHYSICIAN'S NAME (Type)		Lewi	is		22d. ADDRESS	ilver	Spring,	Md.			
	NER Har	0	230	. BURIAL, CREMATIO	N 225 DATE THE		23c. NAME OF CEMETER	Y OP C			LOCATION (City or To		(County)	10	Stote)
	Page 70 FU direct shot	1	200	REMOVAL (Specify)	5-26-		Laytonavil		NEMOTOR !		aytonsvil				
		8	24	. FUNERAL DIRECTO	R		ADDRESS			D BY REGIS		GISTRAR'S			
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH executed within 24 haurs after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) the funeral a. COUNTY o. STATE Maryland Montgomery n by the fun s. Pages 1 haurs after o MARYLAND b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)

Betnesda (rural) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest tawn) Annapolis 5 days filled in tages. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? within 72 h 9 Riverbay Rd., Cape St.Clair U. S. Naval Hospital NO X NAME OF First Middle Lost 4 DATE Month Day Year DECEASED OF DEATH 1966 William Medford KEMSKE May 13 (Type ar print) 9. AGE (In years IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH I IF UNDER 24 HRS. Jast birthday) Jan. 21, 1921 Cauc. Male WIDOWED DIVORCED 10a, USUAL OCCUPATION (Give kind of work done 10h. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, ar fareign country) COUNTRY? during most of working life, even if retired) INDUSTRY (Wilmington, Delaware
14. MOTHER'S MAIDEN NAME USA U.S. Navy OR ATTENDING PHYSICIAN: The law requires that the death certificate 13. FATHER'S NAME physic remava Merle Connolly Emil J. Kemske 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANTClair, Annapolis Address Maryland (Yes, no or unknown) (If yes give wor or dotes af service Nov 41-Dec. 65 Mrs. Mary Kemske, 9 Riverbay Road, Cape St. crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Malignant Melanoma with metastases IMMEDIATE CAUSE (a) TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by DUE TO Conditions, if ony, which gove (b) rise to immediate cause (a). DUE TO stoting the underlying couse 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) with the State Dept. of Health YES X NO F JD 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City ar town) (Caunty) (Stote) 20c. TIME OF INJURY Manth, Doy, Year foctory, street, affice bldg., etc.) Not While ot work 21. I certify that *() (this haspital) attended the deceased fram May 8 , 1966, to May 13, 1966, that XI) (we) last 19.66, and that death accurred at 1252PM, fram causes and an the date stated above saw the deceased alive an May 13 22o. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR STAFF PHYS. 13 May 1966 M.D. 22d. ADDRESS 22c. PHYSICIAN'S U. S. Naval Hospital, Bethesda, Md. NAME (Type) Easterday, M. D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF (County) CEMEYAL Segion INCOLN MDENSBURG 25b. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR John M. Taylor, Gloucester St. Annapolis Ocharles

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MARYLAND STATE DEPARTMENT OF HEALTH

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man Day	- FLT-71M	S office	over many whiteness	

FOR STATE HEALTH DEPT.

TO DEPUTY MEL EXAMINER: This certificate should be executed within 24 hours after death. If any delay clessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

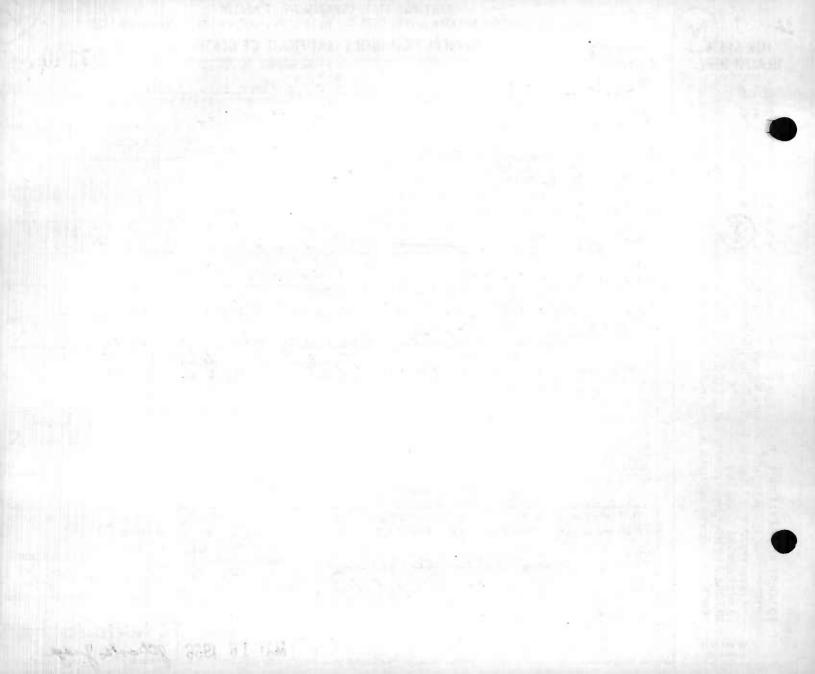
OF MEDICAL EXAMINER'S CERTIFICATE OF DEATH

MEDICAL EXAMINER 3	CERTIFICATE OF DEATH
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence defore admission)
e. COUNTY	a. STATE Manual b. COUNTY M. +
MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b	Maryland Montgomery c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town)
b. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) 25 years	Silver Spring
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
10207 Southmoor Drive	10207 Southmoor Drive ON A FARM? YES □ NO 🔄
3. NAME DF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) Doris Marie	Lange DEATH May 30 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS.
	lest birthday) Months Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR	May 27, 1905 61 yrs.
during most of working life, even if retired) INDUSTRY	COUNTRY?
13. FATHER'S NAME	Washington, D. C. U. S. A.
	14. MOTHER'S MAIDEN NAME
Leonard Mitchell	Marea D. Allen
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Address
	lliam B. Whichard Wallingford Pa.
18. CAUSE DF DEATH [Enter only one couse per line for (a) (b), and (c)	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (e)	The of the office of
DUE TO	Vita 76 HUD!
conditions, if any, which gave rise to immediate (b) Corary Co	Mery Heart Disease,
cause (a), stating the DUE TO	
underlying cause lest. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
DATE OF THE PROPERTY OF THE PR	YES NO NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH. 20b. DESCRIBE HOW INJURY OCCUPATIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTIO	RRED. (Enter nature of injury in Part I or Pert II of Item 18.)
PRIMARY or CONTRIBUTING CAUSE OF DEATH.	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour e.m. While Not While	ry, street, office bldg., etc.)
	d an Autopsy , Inspection , Inquiry , and in my opinion
death resulted from Natural causes , Accident . Suice	cide, Homicide, Undetermined manner
10/10/1/1/1/6	/ CAIEF MEDICAL EXAMINER
SIGNATURE SOLUTION (SOLUTION)	M.D. ASSISTANT MEDICAL EXAMINER [] 22. DATE SIGNED
11502 Gwandliow A	UE DEPUTY MEDICAL EXAMINER \$ 5/3//1966
RAME (Type) Belden R. Reap Wheaton, Mary Land	Address (Street, city, town, or county)
23a. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
REMOVAL (Specify)	Cemetery Prince George Co., Md.
24. FUNERAU DIRECTOR / ADDRESS .	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
John Stromas 8454 yeorgia F	werne in a room one. I have
Warner E. Pumphrey, Inc. Silver Spring,	Md. DAUN 3 1966 Johnstey Judge

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence OCCUNTY D 0 MARYLAND gomer tate Department of haurs after death b. CITY OR TOWN affautside carparate limits c. LENGTH OF STAY IN 1b OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) pup write RURAL and give negrest town d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) e. IS RESIDENCE ON A FARM? alang with farm nwoo NO X Give Pages after death. 3. NAME OF 4. DATE First Manth Day Year DECEASED anzilloTI within DEATH 1966. aL S SEX 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH JIF UNDER I YEAR IF UNDER 24 HRS. last birthday) Manths Haurs June WIDOWED DIVORCED haurs event 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY 2 24 in any ETIRED e, writing the word "pending" in pencil i forwarded ta the Chief Medical Examiner 13. FATHER'S NAME within pencil 14. MOTHER'S MAIDEN NAME UNKNOWN File SAETANO LANZILLOTT pup 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address be executed removal (Yes, no, ar unknown) (If yes give war ar dates af service) ANNIE C. LANZILLOTTI 2 ABC d about CAUSE OF DEATH (Enter only one cause per lin INTERVAL BETWEEN burial-transit PART 1. DEATH WAS CAUSED BY: ONSET AND DEATH 10 IMMEDIATE CAUSE (a) This certificate shauld writing the word burial, cremation, DUE TO Canditions, if any, which gave rise to immediate couse (a). DUE TO stating the underlying couse 0 OS PART II. OTHER SIGNIFICANT CONDITIONS, CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? the certificate. NO ţo shauld be 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 1B.) 3 should agent, priar PRIMARY ar CONTRIBUTING MEDICAL EXAMINER: CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (State) Nat While factory, street, affice bldg., etc.) FUNERAL DIRECTOR: Page 19 the funeral director. Page ar its designated 21. I certify that I took charge of the remains described above, held on Autopsy Inquiry X for Inspection X and in my apinion death resulted from: Natural causes Accident Suicide Hamicide | Undetermined manner be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT-MEDICAL EXAMINER SIGNATURE TO DEPUTY **EXAMINER'S** may Health (NAME (Type) win, or county) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 0 5 REMOVAL (Specify) MEVA2 FUNERAL DIRECTOR ADDRESS 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15ME (5) 1966 SEARGIA

6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a Commontgomery county. o. SMaryland Montgomery Co. of death. MARYLAND b. CITY OR TOWN (If outside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Rufe LANG Tangaine widter tamu) 20 minutes Kensington d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE along with form hours ON A FARM? Give Poges 1, Holy Cross Hospital of Sil. Spring 10703 Shaftbury Street NO A Stote after deoth. 3. NAME OF Middle Last First 4. DATE Manth DECEASED the LASKEY 5/ 31 LENA - NMI 1966 (Type ar print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED birthday) Haurs female negro WIDOWED DIVORCED within 24 hours Office in Item 1 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind af wark done 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working tite, even if retired) **INDUSTRY** Maryland should be forwarded to the Chief Medicol Examiner pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Robert Laskey Amanda Bowie ond 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. AL EXAMINER: This certificate should be executed (Yes, na, ar unknawn) (If yes give war or dates af service) permit. or removal, Rachel Pratt, sister, Kensington, Maryal nd pending 18. CAUSE OF DEATH (Enter only one couse per lipe for INTERVAL BETWEEN buriol-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) writing the word burial, cremation, DUE TO Conditions, if ony, which gave rise ta immediate cause (a), DUE TO stating the underlying cause D 00 19. WAS AUTOPS PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) the certificote. 9 pe 2Da. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 3 should agent, prior PRIMARY ar CONTRIBUTING CAUSE OF DEATH. 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Manth, Day, Year (City or town) (County) (State) factory, street, affice bldg., etc.) Not While FUNERAL DIRECTOR: Page at wark 21. I certify that I took charge of the remains described above held on Autopsy Inspection ond in my opinion the funeral director. Notural couses deoth resulted from Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY Heolth (0 e moriA VR A15ME (5) DATE

With the Marke June

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decaesad livad, If Institution: Rasidence before edmission e. COUNTY b. COUNTY MARYLAND 52元 c. CITY OR JOWN (If outside corporate limits, write RURAL and give neerest town) b. CITY OR TOWN (if outside corporate limits c. LENGTH OF STAY IN 16 write RURAL and give nearest town d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO K LOUR DO DATE 3. NAME OF Middla DECEASED OF Jane Elizabeth DEATH (Type or print) IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF AGE (In years AF UNDER 1 YEAR last birthdey) WIDOWED 10a. USUAL OCCUPATION (Giva kind of work 12. CITIZEN OF WHAT COUNTRY 10b. KIND OF BUSINESS OR INDUSTRY County & State, or foraign country) done during most of working life, even if ratirad) None 13. FATHER'S NAME Address (Yes, no, or unkown) | (Ifyasgivawerordatasofservica) 18. CAUSE OF DEATH (Entar only one cause par line for (e), (b), end (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gava risa to immadiata cause DUE TO (e), steting the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) | 19. WAS AUTOPSY PERFORMED? NO T 20b. OFSCRIBE HOW NJURY OCCURED. (Enter natura of injury in Part I or Part II of itam 18.) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Homa, farm, (Stata) 20c. TIME OF INJURY 20f. (City or town) (County) Month, Day, Yaer factory, straet, offica bldg., atc.) Whila Not Whila Hour a.m. at work at work 21. 1 certify that (I) (this hospital) attended the deceased from. Sand that death occured at D. M. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE ATTENDING STAFF DIRECTOR PHYS. M.D. FUNERAL 22d. ADDRESS PHYSICIAN'S NAME (Type) 23d. LOCATION (City, town or county) 230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY Shamokin. Penna. Odd Fellows Cemetery 0 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S VR A15 (4) Bethesda, Maryland 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Suprimi - Junualt -- 21-65 Odd Fellows Committee Standin, Science at MINISTER A. TRUMBERY BOTHORES, METYLERS MAY 25 1956 Pro-La Just

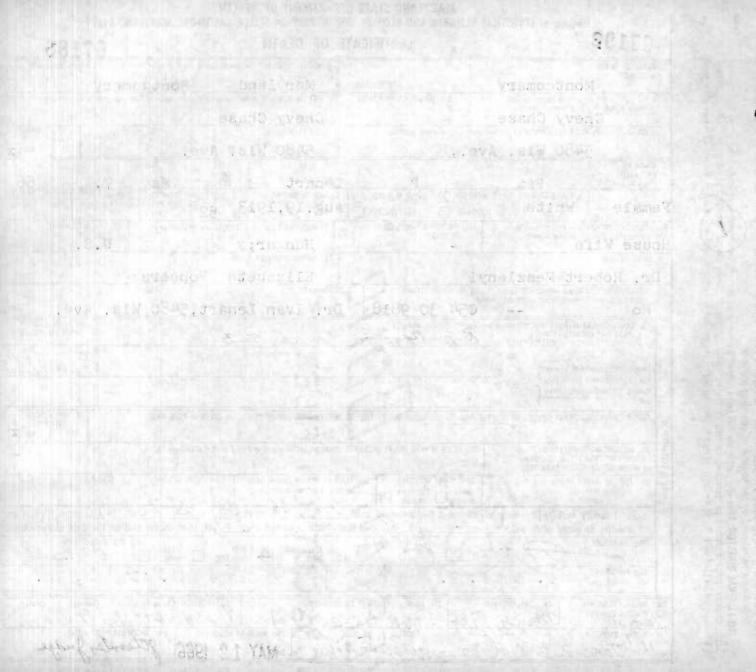
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND Marvland Montgomerv Montgomery b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) yrs mo Bethesda d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? N, 7816 Old Chester YES NOW X Potomac Manor Nursing Home NAME OF First Middle 4. DATE OF Lost Month Day Year filled DECEASED (Type or print) DEATH 1966 Lee Joseph Mav S. SEX 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH lost birthday) Months Days WIDOWED T DIVORCED 85 Male 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Retired England Road Engr HS T. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physici Elizabeth Henry James S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Yes Mrs. Margaret Lee Higdon (above address) (Daughter) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO Conditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) WAS AUTOPSY PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year (County) (Stote) factory, street, office bldg., etc.) Hour a. m While Not while at work at work p. m. 21. I certify that (1) (this hospital) attended the deceased fram. saw the deceased alive an , and that death accurred at MM, from the causes and an the date stated above. 220. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) FUNERAL poge 3 sh the State 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Buria 0.90 Goldsir Fort 250. REC'D BY REGISTRAR Manor 256 REGISTRAR'S SIGN FUNERAL DIRECTOR'S SIGNATURE ADDRESS Funeral Home Inc. 1SM 9/59

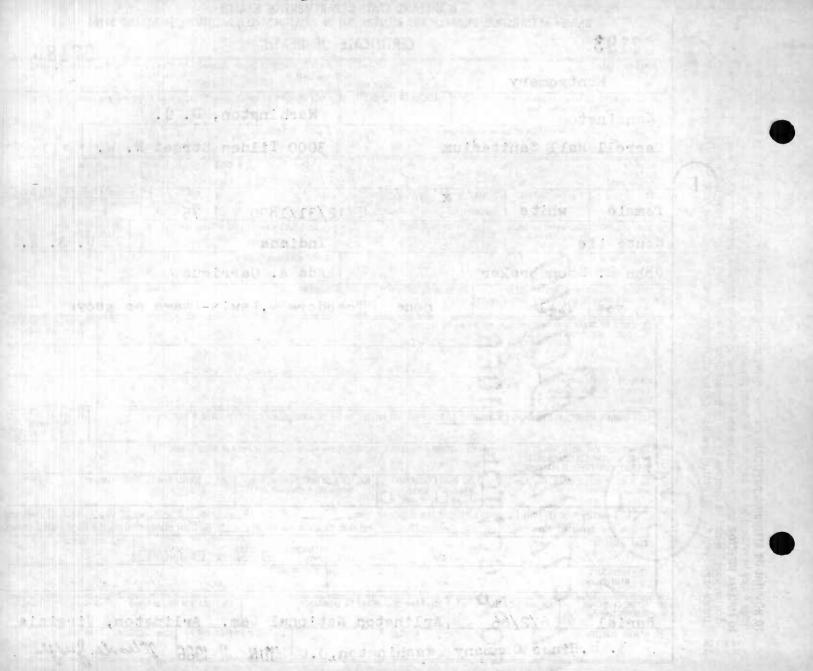
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER FOR STATE TH DEPT PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY Page 0 of death MARYLAND TOWN (If ourside carporote lim c. LENGTH OF STAY IN 1b c. CITY OR TOWN At autside corporate limits, write RURAL and give negrest town) after coma OR INSTITUTION (If not in hospital, give street address). IS RESIDENCE ON A FARM? d. STREET ADDRESS form haurs State NO 24 hours after death. along with NAME OF DATE within 72 Last Month Day Year DECEASED OF 20 (Type or print) 1966 DEATH with 6. COLOR OR RACE 7 MARRIED DATE OF BIRTH 9. AGE (In years IF UNDER 1 YFAR IF UNDER 24 HRS NEVER MARRIED last birthday) Manths Days Haurs WIDOWED DIVORCED Office 10g, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR (State or foreign country) 12. CITIZEN OF WHAT during mast af warking life, even if retired) INDUSTRY COUNTRY? ABORER __ Chief Medical Examiner's in an pencil 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME be executed within and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT permit. (Yes, no, ar unknown) (If yes give war ar dates of service) removal. "pending" 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH OL IMMEDIATE CAUSE (a) ward This certificate shauld crematian, DUE TO Canditions, if any, which gave rise ta immediate cause (a), DUE TO stoting the underlying cause farwarded OS burial, nseq PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPS NO certificate. to pe 20a. EXTERNAL CAUSE WAS PRIMARY For CONTRIBUTING ☐ CAUSE OF DEATH. prior shauld agent, 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Dov. Year please execute the (City or town) yaur FUNERAL DIRECTOR: Page While Nat While at work designated 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection | for and of my apinian the funeral directar. death resulted from: Natural causes retained Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED SIGNATURE ASSISTANT MEDICAL EXAMINER O DEPUTY pe OF **EXAMINER'S** O FUNE Health 230. BURIAL CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMOVAL (Specify) 66 Raleigh N.G Wood -24. FUNERAL DIRECTOR MOTTOW Š. ADDRESS 2So. REC'D BY REGISTRAL VR A15ME (5) 6M 1/66 StN. WAMA 11th 622

1. FMAT 2.3 1966 P. P. Constanting

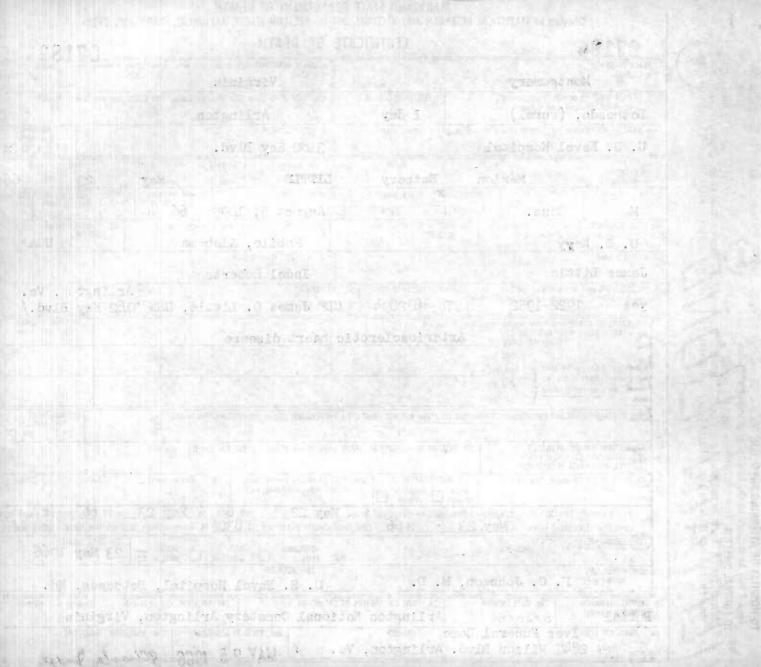
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07192 CERTIFICATE OF DEATH filled in by the funeral papers. Pages 1 and PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY Maryland b. COUNTY Montgomery MARYLAND Montgomery c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside carparate limits. c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Chevy Chase Chevy Chase d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE requires that the death certificate be executed within 24 hi ON A FARM? 5480 Wis. Ave. 5480 Wis. Ave within NO X carban 3. NAME OF Lost 4. DATE First Month Doy Year DECEASED (Type or print) Pia Lenart DEATH May 19 66 S. SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED DATE OF BIRTH lost birthdoy) White Months Female Aug. 19, 1913 Hours WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Caunty & Stote, or foreign cauntry) 12. CITIZEN OF WHAT during mast of working life, even if retired) House wife **INDUSTRY** COUNTRY? dse the attending physican sit permit. Then please Hungar; y 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Dr. Robert Meszlenyi Elizabeth Popeera 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, ar unknawn) (If yes give war ar dotes of service) Dr. Ivan Lenart, 5480 Wis. 9818 No 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit ONSET AND DEATH Drondloveluc IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gave rise to immediate couse (o), DUE TO stating the underlying couse Page 4 moy be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been as the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? for use NO X 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (City or town) (County) (State) factory, street, office bldg., etc.) Nat While at work 1960 19 66, and that death accurred at 5 45 M, fram causes and an the date stated above. 22a, SIGNATURE 22b. DATE SIGNED 5-7-66 directar, page 3 should be filed v M.D. DIRECTOR ADDRESS 22c. PHYSICIAN'S 22d. Ham M. St. Vienna, Va. Center NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY ALOCATION (City or Town) (County) REMOVAL (Specify) ASHINGTON FUNERAL DIRECTOR REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66



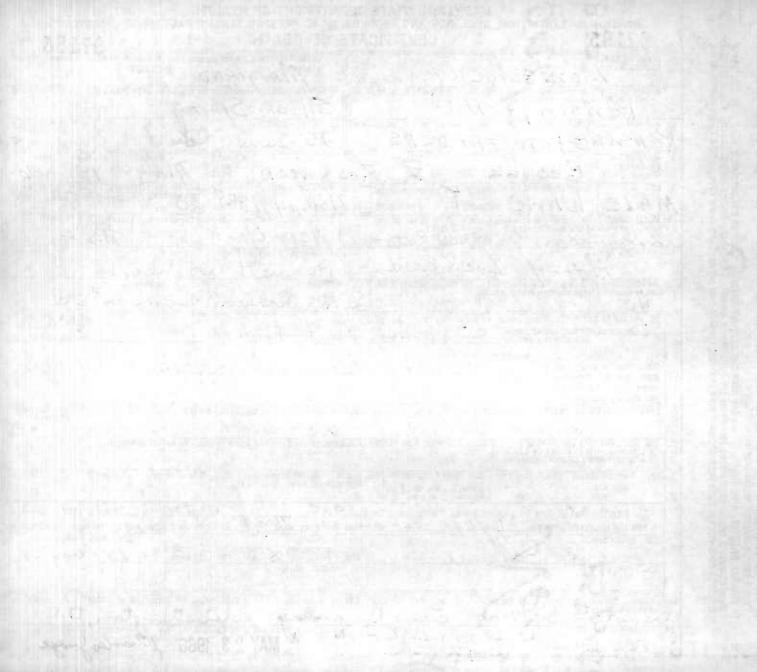
2		EPARTMENT OF HEALTH 01 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
200	07193 CERTIFICAT	E OF DEATH
rs after death y the funeral Pages 1 and 2 urs after death	I. PLACE OF DEATH o. COUNTY Montgomery MARYLAND	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. STATE b. COUNTY
haurs after by the fu s. Pages I hours after	b. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) Kensington	c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) Washington, D. C. 47-3
in 24 ho filled in papers. hin 72 h	d. NAME OF HOSPITAL DR INSTITUTION (If not in hospitol, give street oddress) Carroll Hall Sanitarium	d. STREET ADDRESS 3000 Tilden Street N. W. 9. IS RESIDENCE ON A FARM? YES NO
d within letely fill action priving the letely fill action pri	3. NAME OF First Middle DECEASED (Type or print) MABEL C	Lost, 4. DATE Month Doy Year OF MAY 29 1966
e executed wand complete	S. SEX 6. CDLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH 12/31/1890 9. AGE (In yeors lost birthdoy) 75 yrs. 12/31/1890 9. AGE (In yeors lost birthdoy) 75 yrs. 12/31/1890 9. AGE (In yeors lost birthdoy) 75 yrs.
ate be ician ar lease r and in	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Stote, or foreign country) Indiana 14. MOTHER'S MAIDEN NAME
certific g phys Then p moval,	13. FATHER'S NAME John B. Stonebraker	Ada A. Garrigus
death attendin ermit. n, ar re	(Yes, no, or unknown) WW#1 If yes give, war or dotes of service) NW#1 none Th	Address eodore C.Lewis- same as above
PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death e haspital ar attending physician. his certificate has been signed by the attending physician and completely filled in by the funeral stached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 Dept. at Health priar to burial, crematian, ar removal, and in any event, whim 72 hours after death	1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. (c) CONDITION (d) DUE TO (c)	nieval foilure INTERVAL BETWEEN ONSET AND DEATH 1 1180 Alexandres Lenotic hort disease
: The faw r r attending e has been use as the alth priar to	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO [Z]
G PHYSICIAN: the haspital ar this certificate detached far u te Dept. af Heal	OR CONTRIBUTING CAUSE OF DEATH (IF FITHER NOTIFY MEDICAL EXAMINER)). (Enter noture of injury in Port I or Port II of item 18.)
NG PHY The he er this e e detach ate Dep	Hour o.m. p.m. 19 While Not While of work of work	LACE OF INJURY (Home, form, ctory, street, office bldg., etc.) (County) (Stote)
TTENDII ained by OR: Affr rould be	21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive an 1965, and the 220 SIGNATURE	at death occurred at 12 M, fram causes and on the dote stoted above
Page 4 may be retained by the haspital ar attending TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been directar, page 3 should be detached far use as the shauld be filed with the State Dept. af Health priar to		M.D. ATTENDING MED. STAFF 220. DATE SIGNED ATTENDING PHYS. DIRECTOR PHYS. 5/29/66 22d. ADDRESS STAFF PHYS. 66. Med. 6
O HOSPITAL OF Page 4 may be O FUNERAL DIR director, page 3 shauld be filed	230. BURIAL, CREMATION, REMOVAL (Specify) Burial 6/2/66 Arlington	R CREMATORY 23d. LOCATION (City or Town) (County) (Stote) National Cem. Arlington, Virginia
VR A15 (4) 20 M 1/66	24. FUNERAL DIRECTOR The S. H. Hines Company Washingto	2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH and campletely filled in by the funeral remove carbon papers. Pages Vand 7 be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY Montgomery Virginia MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda, (rural) 1 day Arlington d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? 3182 Key Blvd. U. S. Naval Hospital YES NO X Middle 4. DATE Lost Month Doy Year DECEASED Marion Nethery LITTLE 66 May (Type or print) DEATH S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED **NEVER MARRIED** lost birthdoy)
66 yrs. Months Hours August 5, 1899 Cauc. WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? pleose Mobile, Alabama USA U. S. Navy 14. MOTHER'S MAIDEN NAME The law requires that the death centifical 13. FATHER'S NAME crematian, or removal, the attending pro-James Little Indel Roberts IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT AddresArlington, Va. 16. SOCIAL SECURITY NO. signed by the attendiburial-transit permit. (Yes, no, or unknown) (If yes give wor or dates of service) 578-48-2894 CDR James G. Little, USN 3182 Key Blvd./ 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Arteriosclerotic heart disease IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stating the underlying couse priar to Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been as the (c) 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION detached far use YES NO X 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While ot work ot work 21. I certify that XI) (this haspital) attended the deceased fram May 22 , 19 66, to May 23 , 19 66, that (F (we) last saw the deceased alive an May 23 1966, and that death accurred at 830AM, fram causes and an the date stated above. 22b. DATE SIGNED 22o. SIGNATURE STAFF 23 May 1966 M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S director, po shauld be f ./C. Johnson, M. D. NAME (Type) S. Naval Hospital. Bethesda, Md. 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23h. DATE THEREOF (County) (Stote) BEMOYAL (Specify) Arlington National Cemetery Arlington, Virginia 5/26/66 24. FUNERAL DIRECTOR Ives Funeral Home 25b. REGISTRAR'S SIGNATURE **ADDRESS** 2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 6. Troy 2847 Wilson Blvd. Arlington, Va. Milwell Judge



21	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA	RYLAND
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TO HOSPITAL Page 4 may TO FUNERAL director, pa	22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS 22d. ADDRESS 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or coun	ty) (State)
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VR A15 (4) 15M 4-64	24. FUNERAL DIRECTOR HAN SV. & Maddresser. N. E. 29a. REC'D BY REGISTRAR 25b. REGISTRAR'S Les Funeral Home Work, O.C. DAMIAY 23 1966 glianles	, Judge



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death, PLACE OF DEATH USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. COUNTY b. COUNTY OUTGOMER MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fower oon papers. Pag within 72 hours filled in d. NAME OF HOSPITALOR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? YFS completely 3. NAME OF Middle DECEASED OF DEATH event, (Type or print) (In years | If UNDER 1 YEAR | IF UNDER 24 HRS lease remove, and in any eve 5. SEX 6. COLOR OR RACE DATE OF BIR AGE 7. MARRIED NEVER MARRIED birthday) Months Hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 11/BIRTHPLACE (County & State, or foreign country) | /12. CIT/ZEN OF WHAT HOUSEWIF removal, 13. FATHER'S NAME MOTHER'S MALDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMAN burial-transit permit. burial, cremation, or (Yes, no, of unkown) (If yes give war or dates of service) Hattie Hockman Winchester. Va. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] NTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) or attending physician. DUF TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last, CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part | or Part || of Item 18.) 10 FUNERAL DIRECTOR: After this director, page 3 should be detac should be filed with the State Dep MEDICAL 20c. TIME OF INJURY Month. Day. Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm. (State) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While be retained by at work 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on, 37PM, from the causes and on the date stated above. and that death occurred at 22b. DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. MED. DIRECTOR 22c PHYSICIAN'S ADDRESS 22d. JOHN NAME (Type) ROGERS LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 5-24-66 24 FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ROBERT A. Bethesda, Maryland PUMPHREY VR A15 (4) 15M 4-64

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1 1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
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ry MEDICAL EXA execute the c . Page 4 shou i for your files (AL DIRECTOR: th or its design	ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER 22. DATE SIGNED SIGNATURE 22. DATE SIGNED
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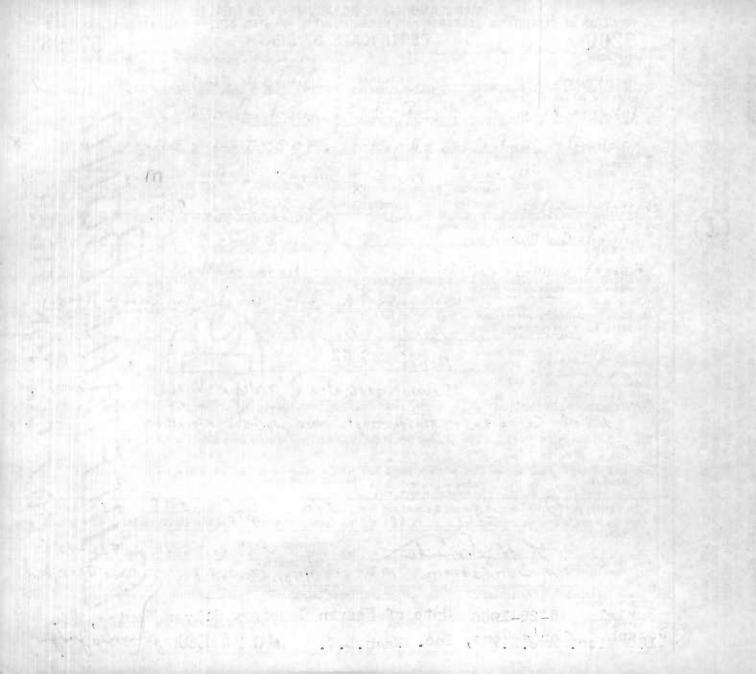
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MARYLAND STATE DEPARTMENT OF HEALTH
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. death. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) the s b. COUNTY Montgomery after Montgomery MARYLAND Pages urs afte b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) þ write RURAL and give nearest town) hours Wheaton Wheaton E papers. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE 72 ON A FARM? 24 Weisman Road within 2611 Weisman Road YES NO X completely f executed within 3. NAME DE First Middie Last 4. DATE Month Day remove carbo DECEASED McDonnell Theresa Katherine DEATH (Type or print) 19 0 5. SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED 8. AGE (In years | IFUNDER 1 YEAR last birthday) | Months | Days IF UNDER 24 HRS Months ! Davs Hours Female WIDOWED [15. DIVORCED Oct. 1892 10a. USUAL OCCUPATION (Give kind of work done) physician please r E 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) pe during most of working life, even if retired) INDUSTRY COUNTRY? Ireland Housewife Own home The law requires that the death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending p ermit. Then in or remove Katherine leremin Keane 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT ed by the attend transit permit. cremation, or r Address Weisman Rd. (Yes, no, or unkown) (If yes give war or dates of service) Wheaton Md. McDonnel CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSEDAND DEATH al-transi signed by PART I. DEATH WAS CAUSED BY OR ATTENDING PHYSICIAN: The law requires that the retained by the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to Immediate DUE TO cause (a), stating underlying cause last. CERTIFICATION this certificate his detached for use a PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY 19. PERFORMED? NO X YES PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL DIRECTOR: After this age 3 should be deta filed with the State De 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While p.m. at work at work 196 21. I certify that (I) (this hospital) attended the deceased from that (I) (we) last saw the demeased alive on and that death occurred at/ M, from the causes and on the date stated above. DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. 30 page STAFF PHYS. DIRECTOR Page 4 may o FUNERAL director, pa should be fil 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION. 23b. DATE THEREDE 23c. REMOVAL (Specify) 2 Cemetery Surial Heaven wer yate ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR AIS 1/65

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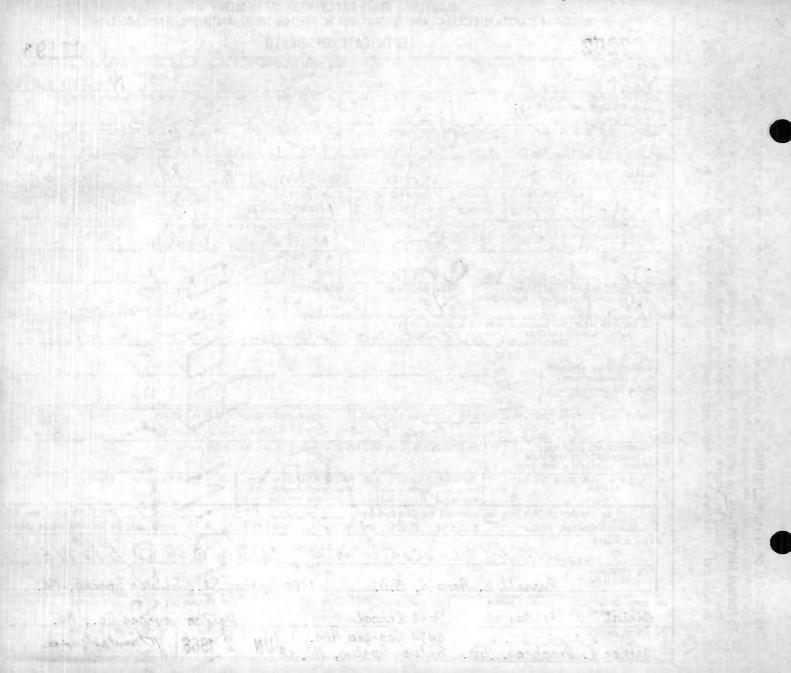
MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		07202	CERTIFICATE	OF DEATH		07195
		PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased li		before odmission)
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	S.			DATE OF BIRTH 9. AG	E (In years IF UNDER 1)	
	1	vale white w	DOWED DIVORCED	11-6-46 1	st birthdoy) Months [Doys Hours Min.
		USUAL OCCUPATION (Give kind of work done ng most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign		EN OF WHAT
1	auri	and most of working line, even in retired)	INDUSTRE	Montgomog, m	aryand 11.	S.A.
	13.	FATHER'S NAME	00	14. MOTHER'S MAIDEN NAME		
		JASOPH F. M	- Waw	ella Di	X	
		WAS DECEASED EVERINUS ARMED FORCES?	Land Land	IFORMANT	Address	10
	(10	s, no, or unknown) (If yes give wor or dates of servi	" YES C	nart-Washin	aton anita	vium I.P.
		18. CAUSE OF DEATH (Enter only one couse per	line for (o), (b), and (ch)	17- 0		INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	metastatic o	seogenic da	iccoma-	UNSET AND DEATH
		1969 DUE TO				
		Conditions, if ony, which gove (b)			Vertical designation of the second	
		stoting the underlying couse DUE TO			Decree of the last	
		<u>last.</u>) (c)				T.
	8	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIL			PART I(o)	19. WAS AUTOPSY PERFORMED?
2	FICATION	Right Hes	7	Left Cerebral &	modes	YES NO
	CERTIFI	20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	20b. DESCRIBECTOW INJURY OCCURRED. (inter nature of injury in Port I or Port II o	of item 18.)	
		(IF EITHER, NOTIFY MEDICAL EXAMINER)				
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour o.m.		E OF INJURY (Home, form, 20f. (Cirry, street, office bldg., etc.)	ty or town) (Coun	ty) (Stote)
	×	p.m. 19	of work of work			
		21. I certify that (I) (this haspital)	attended the deceased fram	5-29, 1958, ta	5-27,196,	that (I) (we) last
~		saw the deceased alive an 5	- 00 19 60, and that	death accurred at . To M, tr	am causes and an the	
,		220. SIGNATURY	anold MD	ATTENDING MED. PHYS. DIRECTOR	STAFF PHYS. D 5/	27/66
1		22c. PHYSICIAN'S	. CCCICO -C M.D	22d, ADDRESS	PH/3. C)	21100
		the state of the s	Arnold M.D.	1106 Spring St.	Silver Spri	ina Md
	230	. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR C			county) (Stote)
		Burial 31 May 66	Fort Lincoln	Prince	e Georges Co.	. Md.
)	24	. FUNERAL DIRECTOR	8434DRESSeorgia		2Sb. REGISTRAR'S SIG	NATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please temave carban papers. Pages 1 and 2 should be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or reingral, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
1203 07106

0000	<u> </u>	- 0. 2-/		UL_J_D
1. PLACE OF DEATH		2. USUAL RESIDENCE	Where deceased lived, If Ins	titution: Residence before admission)
a. COUNTY	THE RESERVE THE	a. STATE	b. COUN	TY /
b. CITY OR TOWN (if outside cornorate limits c	MARYLAND LENGTH OF STAY IN 1b		Virginia	ite RURAL and give nearest town)
write RURAL and give nearest town)	LENGTH OF STAT IN 1D	C. CITT OR TOWN (II OUI	talde corporate inints, wi	TO NORAL BING BISO HEATEST LOWIN
Bethesda	13 Days	Barrett		85-3
d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp	Ital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
The Clinical Center, Bethesda	a, Maryland	Box #126		YES ND X
3. NAME DF First DECEASED	Middle	Last 4	. DATE Month	Day Year
(Type or print) Anthony	George	McGuire	DEATH MAY	4 19 66
5. SEX 6. COLOR OR RACE 7. MARRIEO		8. DATE OF BIRTH	19 AGE (In years I	LETINGER 1 YEAR HE LINDER 24 HRS
Mole WIDOWED	-	24 Tes 7 7 7 7 7	last birthday)	Months Days Hours Min.
THE PROPERTY OF	O OF BUSINESS OR	21 July 1947	y & State, or foreign country) 12. CITIZEN OF WHAT
	USTRY			COUNTRY?
Student -		West Vir	ginia	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
George W. McGuire		Betty J.	Hell	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SO	CIAL SECURITY NO. 17.		dical Record	s
(Yes, no, or unkown) (If yes give war or dates of service)	A 17-17			
		he Clinical C	enter, Bethe	
18. CAUSE OF DEATH [Enter only one cause per line				INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Sepsis	s. probably b	acterial		4 Days
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	-abdowinal ma	lignancy unde	termined	3 Months
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underlying course leek				
underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NO TO DEATH DUT NOT DELA	TEO TO THE TERMINAL DISE	ACE COMOLITION CIVEN IN	PART 1(a) 119. WAS AUTOPSY
FARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG TO DEATH BUT NUT KELA	TEO TO THE TERMINAL DISE	ASE CONDITION GIVEN IN	PERFORMEO?
				YES NO
S OR CONTRIBUTING CAUSE OF OFATH	CRIBE HOW INJURY OCCU	RRED. (Enter nature of in)	ury In Part I or Part II o	f Item 18.)
Blance and	facto	CE OF INJURY (Home, farm, ry, street, office bldg., etc.)	2Df. (City or town)	(County) (State)
Hour a.m. While at work	Not While at work	ry, action, amou blug., ato.,		
21. I certify that OK (this hospital) attended		April 196	6 to 4 May	. 1966 . that XI) (we) last
saw the deceased alive on 4 May				and on the date stated above.
22a. SIGNATURE	11		AM	22b. DATE SIGNED
H. Minner Fathe	1// 12 M.D	ATTENOING MED	ECTOR PHYS.	4 May 1966
22c. PHYSICIAN'S	10 / . 100	22d. AOORESS The	Clinical Cer	nter, National
NAME (Type) H. Thomas Foley	. MD.	Institutes	of Health. H	Bethesda. Md.
	23c. NAME OF CEMETERY		23d. LOCATION (City, to	
REMOVAL (Specify)				or county) (crate)
	Boone Memo.		Madison, W	V8.
24. FUNERAL DIRECTOR	ADDRESS			GISTRAR'S SIGNATURE
Pearson Funeral Home Fa	alls Church	, va. OATEVIAY	6 1966 gr	and some

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	E eastern h	Percusiani '	, , db, , col	H. Tacana Po	
,	.5000		Sup Vera S	on the same	17.
Markey Sand	30 noor 6	9931			

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 97204 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. COUNTY o. STATE Page 3 to 4 death. delay Department b. CITY OR TOWN (If outside c. LENGTH OF STAY IN 1b corporate limits, write RURAL and give newest town and d. NAME OF HOSPITAL OR not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE haurs ON A FARM? in Item 18. Give Pages 24 hours after death. 3. NAME OF DAT First Middle Dov Year within 72 DECEASED OF DEATH 19 66 (Type or print 9. AGE (In yeorsa IF UNDER 24 HRS. S. SEX DATE OF BIRTH IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED birthdoy) Months 8 Days 5 WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired)
Housewife INDUSTRY COUNTRY? Medical Examiner pencil 13. FATHER'S NAME be executed within 2 and 16. SOCIAL SECURITY NO. (Yes, ne unknown) (If yes give war or dotes of service) remayal Miss Florence Mears-Same as Item #2 Unknown 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH U.temiz 0 IMMEDIATE CAUSE (o) This certificate should e, writing the ward farwarded ta the C crematian, DUE TO rterio-Sclerosis. Generalized. 2015 Conditions, if ony, which gove rise to immediate couse (a), DUF TO stoting the underlying couse burial, o PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO designated agent, priar ta 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) PRIMARY Or CONTRIBUTING at-nursing. home-causing CAUSE OF DEATH 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) Not While foctory, street, office bldg., etc.) may be retained for your FUNERAL DIRECTOR: Page Silver Spring Monts nursing ot work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry X and in my opinion the funeral directar. deoth resulted fram: Accident XI. Natural causes Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** John G. Ball 5 may 10 FUNE Address (Street, city, town, or county) NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION 23b. DATE THEREOF (County) Cremation 5/6/1966 Cedar Hill Crematory Prince George Co. Md. ADDRESS 24 FUNERAL DIRECTOR VR A15ME (5) 6M 1/66 Bethesda, Maryland Robert A. Pumphrey

MARYLAND STATE DEPARTMENT OF HEALTH

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Tage 4 may be retained by the mospital of attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then phase emove carbon papers. Pages 1 and 2 director, page 3 should be detached for use as the burial-transit permit. Then phase emove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTICA	L RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE CERTIFICATE OF DEATH	1, MARYLAND
01200	CERTIFICATE OF DEATH	071

1.	CERT	IFICATI	E OF DEATH			071	98
1.	PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE	E (Where deceased liv		Residence bef	ore admission)
1	MONTGOMERY	ARYLANO	a. STATE MARY	LAND	b. COUNTY MONTG	OMERY	
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	STAY IN 1b	c. CITY OR TOWN (II	outside corporate ii	mits, write RURA	L and give n	earest town)
_	BOYDS		BOYD	S	15	- 1	DEC. BENGE
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give str	eet address)	d. STREET ADDRESS				RESIDENCE N A FARM?
_	Maryland		Mary	land		YES	NO [
3.	NAME OF First Middl DECEASED (Type or print) CLARA M		Last MELVIN	4. OATE OF DEATH	Month May	Day 11,	Year 19 ⁶⁶
	SEX 6. COLOR OR RACE 7. MARRIED NEVER MA	RRIEO	B. DATE OF BIRTH		n years IF UNDE		
	Female White WIOOWEO OIVE	RCEO	an. 27, 19		yrs. Months	Days H	ours Min.
10 du	a. USUAL OCCUPATION (Give kind of work done ring mest of working life, even if retired) 10b. KINO OF BUSINES	S OR	Maryland		in country) 12. (CITIZEN OF V	VHAT
13	FATHER'S NAME		14. MOTHER'S MAID	EN NAME			
	JOHN E. COLE	1		NICHOLS			
1	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURI	YNO. 17.	INFORMANT		Address		
(Y	es, no, or unkown) (If yes give war or dates of service)		alter P. M	elvin sam		42 -Hu.	sband
-	no unknown 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), a	nd (a) I	,			LINTEDVA	L BETWEEN
	PART I. DEATH WAS CAUSED BY:	nu (c). 1	-1 -1		1	ONSET	ANO DEATH
	IMMEDIATE CAUSE (a)	11	QUE			Loni	us
	942X OUE TO Nephe	405	0/00	515	due	14	1100
	Conditions, If any, which gave rise to Immediate (b)	11 5				100	
7	cause (a), stating the DUE TO H (c)	1,1				Red	45
CATIO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUTNOTRELA	TEO TO THE TERMINAL D	ISEASE CONDITION O	IVEN IN PART 1(a	19. WA	REFORMEO?
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. OESCRIBE HOW OR CONTRIBUTING CAUSE OF BEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NJURY OCCU	RRED. (Enter nature of	Injury In Part I or I	Part II of Item 1	8.)	
	20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRE	O 120e PLAC	CE OF INJURY (Home, fa	rm. 20f. (City or	town) (Co	ounty)	(State)
MEDICAL	Hour a.m. While Not While		y, street, office bldg., et	ic.)	(00	ouncy,	(51510)
Σ	p.m. 19 at work at work		11000	11 8/10	1.11		
	21. I certify that (I) (this hospital) attended the deceas			10/1/1/1	,		(I) (we) last
	saw the deceased alive on 1947 9 196 (_, and that	death occurred 20	M, from the	causes and on	the date st	
	In elastilase as a state	1)	ATTENDING N	MEO. STA	FF D 5	- // -	-61
	22c. PHYSICIAN'S	M.O.	PHYS. 400RESS	DIRECTOR PHY	s. LIO	//	0 C
	NAME (Type) Jack Schumacher			sell Ave.	, Gaithe	rsbur	g, Md.
23			or CREMATORY emetery		(City, town or co		(State)
	. FUNERAL DIRECTOR AODRES			O BY REGISTRAR	25b. REGISTRAI	R'S SIGNATU	RE
	Tyson Wheeler Funeral Home 1331	Rockv	ille Piky	3 1966	ochanle	Queda	2
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Vol Worker Red Cross Onio 13. FATHER'S NAME Amadeus Martin Coghlin 15. WAS DECEASED EVER IN U.S. ARMEOFORCES? (Year no. or unknown) (If yes pine war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address James R. Murphy Executor 18. CAUSE DF DEATH [Enter only one cause of line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PER PER PRESENTED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PER	
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The state of the s	
23a. BURIAL, CREMATION, 23b. DATE THEREOF PROVAL (Specify) Cremation 5.19.66 Lee's Crematory ADDRESS 25a. REG'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE.	(State)
VR A15 (4) 15M 4-64 Lee Funeral Home 300 4th st N E VR A15 (4) 15M 4-64 Lee Funeral Home 300 4th st N E	2

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4 1 4	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND RECORDS, 301 W. PRESTON STREET, STREET, STREET, STREET, STREET, STREET, STREET, STR	ARYLAND
# 75 H	_	Item III, Film G 376 5/20/66 JCERTIFICATE OF DEATH	07200
Verage dear	1	PLACE DF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence of the county of th	sidence before admission
草岩	/ _	Monigominy MARYLAND "STATE Pranyland"	intgomores
s af by t		b. CITY DR IDWN (if outside corporate limits, write RURAL a write RURAL, and give nearest town).	and give nearest town)
hour hour hou	_	d. NAME OF HOSPITAL DR (NSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	/5 - /
ithin 24 hours after death etely filled in by the funeral bon papers. Pages 1 and within 72 hours after death	0	15450 Thompson Road 15450 Thompson K	ON A FARM? YES NO
within upletely sarbon part, within	3.	NAME DF First Middle Last 4. DATE Month DECEASED (Type or print) Nettle Morrison Melendy DEATH MAY	Day Year // 19 66
executed within	5.	7. MARKIED NEVER MARKIED O. BATT ST. BOTT	1 YEAR IF UNDER 24 HRS Oays Hours Min.
ite be ey	II di	Da. USUAL DCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CIT COLUMN (COLUMN COUNTRY) 12. CIT COLUMN (COLUMN COLUMN	TIZEN OF WHAT
icate be physicia n please	1	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
ertifi ling The		Francis Mairison Mary About Sharp	
law requires that the death certificate be attending physician. has been signed by the attending physicial e as the burial-transit permit. Then please prior to burial, cremation, or removal, and		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes give war or dates of service) 17. Oaughters - 15450 Thomps	mRdSS.
he d the d sit p matin		18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
at the sat the		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) RESPLITORY FRI / U.F.E	
law requires that tatending physician. has been signed been signed been signed been as the burial-tranh prior to burial, cre		Cenditions, If any, which gave rise to immediate (b) Cerebral Thrombosis	7 days
w require ending p is been is the burior to bu		cause (a), stating the underlying cause last. DUE TD CENERAL Zed Artero10 seros is	yearso
The law or atten cate has r use as ealth price	CERTIFICATION	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
PHYSICIAN: The la the hospital or att this certificate h detached for use a			
be be	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Factory, street, office bldg., etc.) P.m. 19 at work at work at work	nty) (State)
ATTENDING retained by ECTOR: Aften 3 should be vith the Stal		21. I certify that (I) (this hospital) attended the deceased from July , 1960, to May // , 1960	e, that (I) (we) last
ATTENDI retained CTOR: A should vith the S	4	saw the deceased alive on 1900, and that death occurred at M, from the causes and on the	ie date stated above
DIRE age	,	SOUND M.D. ATTENDING MED. STAFF PHYS	11/66
24 H 20	1	PHYSICIAN'S Joseph E, Smith. Jr. 22d. ADDRESS AONS ville, MC	d.
TO HOS Page TO FUN direct should	23	33. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or counterpower) May 13, 1966 Parklawn Cemutuy Rockville.	md
2	2 6	4. FUNERAL DIRECTOR ADDRESS 256 REGISTRAR 25b. REGISTRAR'S	SIGNATURE
VR AI5 (4) 20M 1/65	NE	Junior Wallers, 254 Carroll MNN 20 C MAY 13 1966 goldentes	Judge

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07208 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 07201FOR STA PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY 2, and 3 ta PM3. Page of MARYLAND CAENGTH OF STAY IN 16 write RURAL and we nearest town) INSJITUTION (If not in hospital, give street address) d. STREET ADDRES IS RESIDENCE ON A FARM? haurs NO F NAME OF DATE OF DEATH Middle Doy within 72 DECEASED the Type or print S. SEX 6. COLOR OR RAC AGE (In years 7. MARRIED NEVER MARRIED birthdoy) WIDOWED DIVORCED event USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, every retired) 24 any pages icate, writing the ward "pending" in pencil is be farwarded to the Chief Medical Examiner 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within _ puo DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, not or unknown) (If yes give wor or dotes of service) ar remayal, INTERVAL DEDVICEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line for (o), (b) burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) used as a burial-trai burial, crematian, a This certificate shauld DUF TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) WAS AUTOPSY PERFORMED? 10 NO 20o. EXTERNAL CAUSE WAS INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) designated agent, priar shauld PRIMARY FOR CONTRIBUTING CAUSE OF DEATH. frome - 1 March 1966 20c. TIME OF INJURY Month, Doy, Year 20e. PLACE OF INJURY (Home, form, (City or town) (County) factory, street, office bldg., etc.) FUNERAL DIRECTOR: Page 1966 ot work 21. I certify that I took charge of the remains described above, held on Autopsy Inspection A Inquiry 5 ond in my opinion Accident X deoth resulted from: Noturol couses Suicide [], Homicide Undetermined monner CHIEF MEDICAL EXAMINER TO FUNERAL DIF ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE funeral DEPUTY MEDICAL EXAMINER **EXAMINER'S** 90HN G. BALL, M.D. Address (Street, city, town, or county) Bethesda. Maryland NAME (Type) 23o. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 5/27/1966 Mt. Pleasant Millville New Jersey ADDRESS 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15ME (5) 6M 1/66 Robert A. Pumphrey Bethesda, Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY Montgomery b. COUNTY Missouri MARYLAND Department after death. b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Write RURAL and give nearest town)
Bethesda (Rural) Kansas City d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? U. S. Naval Hospital 2305 Lawn Ave.. YES NO X 3. NAME OF Middle DATE Last 4. Month the 72 DECEASED Donald Wayne MILLER 1066 (Type or print) May DEATH 6. COLOR OR RACE | 7. MARRIED A NEVER MARRIED 5. SEX . AGE (in years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | Months | Days | Hours | Min. 8. DATE OF BIRTH Male Cauc. July 12, 1945 WIDOWED DIVORCED event 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? Booneville, Missouri USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Paul Reed Miller Frances Irene Allen 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unkown) | (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Kantes City, Missouri 492-46-3658 Mrs. Eleanor Miller, 2305 Lawn Ave.,/ yes 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH ate should be executed he word "pending" in the Chief Medical Exam PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. used as to burial PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATION certificate PERFORMED? YES X should be 20a. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. DESCRIBE HOW INJURY OCCURRED. (Enternature of injury in Part Joor Part I) of Item 18.) 3 shoul MEDICAL 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (County) Not While at work While at work CTOR: Page 21. I certify that L took charge of the remains described above, held an Autopsy . Inquiry and in my opinion should Inspection FUNERAL DIRECTOR: I Health or its design death resulted from: Natural causes Accident Suicide Undetermined manner Homicide CHIEF MEDICAL EXAMINER for your 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE **EXAMINER'S** retained NAME (Type) Address (Street, city, town, or county) BURIAL, CREMATION, REMOVAL (Specify) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 10 To Walnut Grove Cemetery Booneville, Missouri Burial 24. FUNERAL DIRECTOR W. ADDRESS 25a. REC'D BY REGISTRAR! 25b. REGISTRAR'S SIGNATURE Chambers Co. AISME (5) 1400 Chapin St., N. W. Washington, D. C. DATEAY

(1877) 25-0 188

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Donald Mayne Mildell May

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Frances Irane Allec-

Edilos Hazar Tened attitude

Age-46-3658 Mrs. Winner Miller, 5-65 Town Ave.,

III Sand County of the County

Helder Orone Camesory Houseville, Milester

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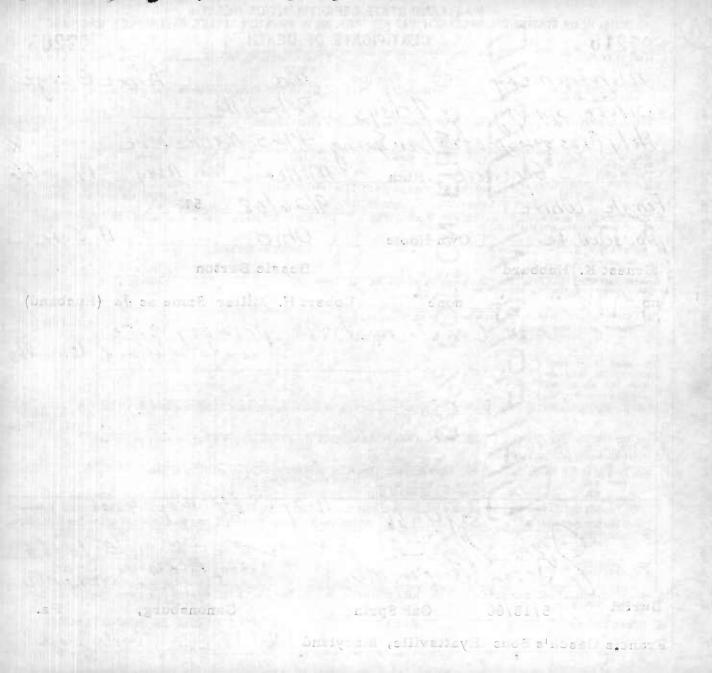
1900 Congilla Story M. M. Mashington, D. C. . Mark (1985) Miles Market

TO FUNERAL CHRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please sentone carbon papers. Pages 1 and 3 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. executed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

07210 CERTIFICAT	E OF DEATH 07203
1. PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
Mantacomercy MARYLAND	a. STATE b. COUNTY
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
SILVER STAINE I days	Beltsville 16-2
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 6. IS RESIDENCE ON A FARM?
140/4 (4035 HOSD. Ot. Silver Sprin	18 4725 Naples HVe YES NO DE
3. NAME OF PIRST MIDDLE	Last 4. DATE Month Day Year
(Type or print) Genevieve Ruth	18/1/en DEATH //dy 14 1966
5. SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IF UNDER 24 HRS. Jast birthday Months Days Hours Min.
temale white widowed DIVORCED	9/06/08 .5.1 yrs.
10a. USUAL OCCUPATION (Give kind of work done during, most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
House is te Own Home	Uhio U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Ernest K. Hubbard	Bessie Barton
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unkown) (If yes give war or dates of service)	INFDRMANT Address
	obert H. Miller Same as #2 (Husband)
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcia ornati	1815 primary sile
1992 DUE TO	undetermined Cirontho
Conditions, If any, which gave rise to immediate (b)	
cause (a), stating the DUE TO	
underlying cause last.) (c)	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED BY NO	PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of Injury In Part I or Part II of Item 18.)
S tanto	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, office bldg., etc.)
P.m. 19 While Not While Not While Not work	
21. I certify that (I) (this hospital) attended the deceased from	May, 1967 to may (4, 1966, that (1) (we) last
	t death occurred at co. AM, from the causes and on the date stated above.
22a. SIGNATURE LEP M.D.	ATTENDING MED. STAFF 22b. DATE SIGNED DIRECTOR PHYS. 12b. 14-66
22c. PHYSICIAN'S Jason Geiper, M.D.	22d. ADDRESS POO PERSHUNG DRIVE DO.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
Bur Specify) 5/18/66 Oak Spring	Canonsburg, Pa.
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Francis Gasch's Sons Hyattsville, Mary	yland DMAY 17 1956 Charles Judge

VR AI5 (4) 20M 1/65



TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

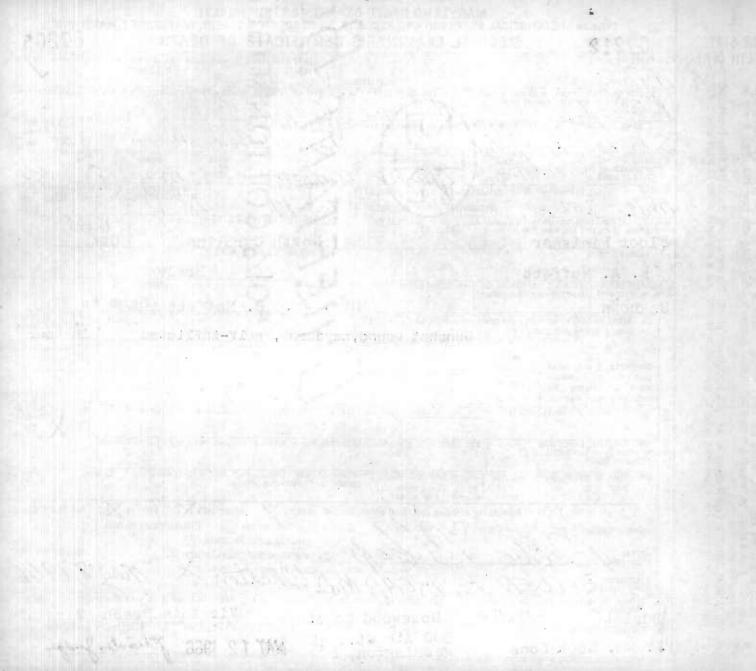
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and the area. Within 72 hours after death.

13	DIVISION OF STATISTICAL RESE	EARCH AND RECORDS	, 301 W. PRESTON ST	REET, BALTIMORE 1, N	MARYLAND
	07211	CERTIFICATI			07204
1.	PLACE DF DEATH a. CQUNTY			re deceased lived, If institution:	Residence before admission)
	MONTGAMERY	MARYLAND	a. STATEMA POLA	b. COUNTY M	ptgomery
	b. CITY OR TDWN (it outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside	corporate limits, write RURAL	
	Silver Spring	124days	SILVER	Spring	15-1
18	d. NAME OF HOSPITAL OR INSTITUTION (if not in	iospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	Holy CROSS HOSPI	tal	707 Dou	INS DRIVE	YES ND
3.	NAME DF FIrst OECEASEO	Middle	Last 4. D	ATE Month	Day Year
-	(Type or print) (OED ROE)	Villiam	11111/ER 1 D	EATH 5	24 19 66
Э.	Mal I I I I I I I I I I I I I I I I I I I	August III	B. DATE DE BIRTH	9. AGE (In years IF UNDER Months	Oays Hours Min.
10:	USUAL OCCUPATION (Give kind of work done 10b. i		3/11/10	56 yrs.	
gur	ing most of working life, even if retired)	industriore	11. BIRT HPLACE (County &	state, or foreign country) 12. C	ITIZEN OF WHAT OUNTRY?
_		ctronic center	Brooklyn, N.	9. 14.	S. A.
-					
15	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	. SOCIAL SECURITY ND. 17.	Wilhelmon Pape	Address	
(Ye	s, no, or unkown) (If yes give war or dates of service)	6-03-7464 Mrs		, 707 Downs I	Drivens
	18. CAUSE DF DEATH [Enter only one cause per		. Edith S. Mill	er Jilver Spr	INTERVAL BETWEEN
	PART I. OEATH WAS CAUSED BY:				ONSET AND DEATH
	IMMEDIATE CAUSE (a)	ACHEXIZ			3 WK
	Conditions, If any, which	ronchodenie c	arcinoma wit	I motastacie	6 mo
	gave rise to immediate	6	gremental with	m(182/03/3	
	underlying cause last.				TO SECURE
LION	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELA	TEO TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART 1(a)	19. WAS AUTDPSY PERFORMED?
ICA					YES NO NO
CERTIFICATION	2Da. ACCIDENT WAS UNDERLYING 20b.	DESCRIBE HOW INJURY DCCU	RRED. (Enter nature of Injury	In Part I or Part II of Item 18	1.)
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
MEDICAL	Hann a m	factor	CE DF INJURY (Home, farm, 20 ry, street, office bldg., etc.)	Of. (City or town) (Cou	unty) (State)
MEC	p.m. 19 at wor	MOT WITHE -			
1	21. I certify that (I) (this hospital) attend		pri/ 30, 1966,	to MZY 24, 191	4, that (I) (we) last
	saw the deceased alive on	24 1944, and that	death occurred at		
	22a. SIGNATURE	. l. h.	ATTENOING MEO.	STAFF -	DATE SIGNED
H	22c. PHYSIOIAN'S	east que , M.D.	PHYS. DIRECTO	OR LI PHYS. LII	2/140
	NAME (Type) Raymond Brads	haw	345 Universit	y Blud. W. S.	5. Md.
23a		23c. NAME OF CEMETERY	OR CREMATORY 23d.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
B	rial 27 May 1966	Arlington Nati	onal Cem. Arl	ington Virgin	ia
24		8434 Georgia Au	1 25a. REC'D BY F		
W	arner E. Pumphrey, Inc.		Md. DATEN 27	1966 Jelianle	Judge

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W. S. M. W. W. W. Stranger . Sales Conf. Conf. Segment Segmenter Searge U. Villes was the constructed that care, a color of the colors The Control of the Co Street Tr. Say 1966 Proceedings Sand Sand Sand Street, Line Sand Maries C. Perphase, Ser. No. of Spirits, No. 12, 1861 Co. Sept. Maries

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT: 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY 1617 Somer MARYLAND 41016 funeral may be 5.5 b. CITY OF TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OF TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b Departme after de P.5 10114 5 5 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? ay is 3 to Page State Westover YES NO X DATE 3. NAME OF Middle Month Day Year the 72 DECEASED OF DEATH 1906 (Type or print) DOLKETT Dac 2 with within 5. SEX AGE (In years) IFUNDER 1 YEAR IFUNDER 24 HRS 6. COLOR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED Form last birthday) Months Days Hours DIVORCED WIDOWED and 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 12. CITIZEN OF WHAT 11. BIRTHPLACE (State or foreign country) COUNTRY? along \Box Floor Finisher North Carolina pages 1 in any IISA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Item A. Moffett Brady File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unkown) (If yes alve war or dates of service) permit. removal, Same As Moffett. Mrs. Wm. Unknown INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) burial-transit cremation, or Gunshot wound.cerebrum. self-inflicted hour cremation, DUE TO Conditions, If any, which (b) certificate should be gave rise to immediate DUE TO ceuse (a), stating the a burial, underlying cause lest. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY CERTIFICATION used to but PERFORMED? YES NO F icate, writing th 20a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) o pe should ent, pri This 3 shou MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While cror: Page designated at work at work should be certifi 21. I certify that Ltook charge of the remains described above, held an Autopsy Inspection and In my opinion FUNERAL DIRECTOR: Undetermined manner Accident Suicide death resulted from: Natural causes . CHIEF MEDICAL EXAMINER your 4 22. DATE SICNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE for C DEPUTY MEDICALEXAMINER D EXAMINER'S Address (Street, City, town, or county) director. retained NAME (Type) REMETERY OR CREMATORY LOCATION (City, town or county) BURIAL, CREMATION. 23b. DATE THEREOF REMOVAL (Specify) Virginia 5/11/66 Beach Virginia 0 Rosewood Cemetery Burial 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Charles VR ALSME (5) Lees Sons Washington, DC 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 2. USUAL/RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE DF DEATH a. COUNTY b. COUNTY a. STATE Montgomery the MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring Washington filled i d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE DN A FARM? NO X Holy Cross Hospital 715 48th St., N.W. YES letely 3. NAME OF DATE Month First Middle Raines Last DECEASED MONKS DEATH (Type or print) THOMAS 19 ROBERA 6. COLOR OR RACE | 7. MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS DATE OF BIRTH NEVER MARRIED last birthday) Months I Days Hours any WIDOWED | DIVORCED 10a, USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) pe during most of working life, even If retired) New York Surgeon certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Nora Lynch Thomas Raines Monks 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT transit permit. Washington, (Yes, no, or unkown) (If yes give war or dates of service) No 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to Immediate the DUE TO cause (a), stating the underlying cause last. WAS AUTOPSY CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. for use Health PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING
CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 11 of Item 18.) 50 edi MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (County) (State) 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) State Hour a.m. Not While at work at work p.m. 1942 to Man 21 , 1966, that (1) (we) last o 21. I certify that (I) (this hospital) attended the deceased from... ·4 DIRECTOR: 20 1966, and that death occurred at 3:350M, from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED ed 22a. SIGNATURE director, page 3 should be filed v DIRECTOR PHYS. M.D. 69 FUNERAL 22C. PHYSICIAN'S ADDRESS Keliher. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) 23b. DATE THEREOF REMOVAL (Specify) 2 GOM. REC'D BY REGISTRAR FUNERAL DIRECTOR Inc. VR A15 (4) 20M 1/65

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5	h.	1 M	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAI CERTIFICATE OF DEATH	RYLAND
	after death.	the funeral es 1 and 2 after death	1. PLACE DF DEATH e. COUNTY Montgomery Marylano 2. USUAL RESIDENCE (Where deceased lived, If institution: Reside. STATE Maryland b. COUNTY Montgomery)	dence before admission)
	hours af	in by	b. CITY DR TDWN (if outside corporate limits, write RURAL end give nearest town) Kensington c. CITY DR TOWN (if outside corporate limits, write RURAL end Kensington)	7-1
	24	y filled papers thin 72	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Wheaton Nursing Home d. STREET ADDRESS 4504 Saul Road	e. IS RESIDENCE ON A FARM? YES NO
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•	HOSPITAL OR ATTENDING	rage + may be recome To EVNERAL DIRECTOR: Adirector, page 3 should Should be filled with the	22c. PHYSICIAN'S NAME (Type) A CALL CONTROL OF THE	14/66.
	Page 4 ma	o FUNERAL director, p should be	23a. BURIAL, CREMATIDN, 23b. DATE THEREDF 23c. NAME DF CEMETERY DR CREMATDRY 23d. LDCATIDN (City, town or county REMOVAL (Specify)	(State)
	VR	A15 (4)	24. FUNERAL DIRECTOR 5130 Wis Ave N. W. 25a. REC'D BY REGISTRAR'S S 1060 Charles	IGNATURE Judge
	201		Joseph Gawler's Sons, Wash. D.C. OATE 1000	

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY a. STATE MARYLAND Prince Montgomery

b. CITY OR TOWN (if outside corporate timits, Maryland Prince Corpore Corpor c. LENGTH OF STAY IN 16 write RURAL end give nearest town) Wheaton Parkland d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address) d. STREET ADDRESS University Nursing Home Druid 3. NAME OF 4. DATE Middle Month DECEASED OF Mothershead William Monroe DEATH Mav (Type or print) 9. AGE (In years | IF UNDER 1 YEAR) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday) Months E WIDOWED X DIVORCED T 92 yrs. Feb. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) done during most of working tife, even if retired) Watchman 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Robert Motherhead Emma Miller 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address 17. INFORMANT (Yas, no, or unkown) | (If yas give war or dates of service) Same as Melvin Mothershead 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying causa last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) 20e. ACCIDENT WAS UNDERLYING | OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20f. (City or town) fectory, street, office bldg., etc.) Not While While Hour a.m. et work et work p.m. 2 3 196.6 that (1) (we) last saw the deceased alive on 22e. SIGNATURE MED ATTENDING DIRECTOR PHYS. PHYS. FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county 23e. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Congressional Cemeterv 0 ë Washington Buria 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS**

. IS RESIDENCE

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IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (Stete)

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SIGNED

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Funeral Home

THE STATE OF EXPLORATION ASSESSED. ALCOHOL SECTION OF THE PARTY AND ADDRESS OF TH HONOR DE LA CONTRACTION AND ADMINISTRATION AND ADMI A STATE OF THE PERSON OF THE P THE REPORT OF THE PROPERTY OF

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral hours after death. eal PLACE DF DEATH a. COUNTY USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) the 1 a. STATE b. COUNTY MARYLANO b. CITY OF TOWN (if outside corporate limits, write RURAD and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) þ Ξ n and completely filled in remove carbon papers. you papers. within 72 ho d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE 24 ON A FARM? NO X YES certificate be executed within NAME DE First Middle Last DATE 4. Month Day Year DECEASED OF DEATH (Type or print) 19 both 6. COLOR OR RACE 5. SEX AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS DATE OF BIRTH 7. MARRIED NEVER MARRIED birthday) Months Days Hours WIDOWEO OIVORCED [attending physician a ermit. Then please re on, or removal, and in a 10a. ÚSUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MATOEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address the attend death (Yes, no, or unkown) (If yes give war or dates of service) 218-20-0955 Milton R. Mullican same item cremation, been signed by the the burial-transit or to burial, cremati 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN The law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: **TO HOSPITAL DR ATTENDING PHYSICIAN.** The law requires that the Page 4 may be retained by the hospital or attending physician. MINUTES IMMEDIATE CAUSE (a) **OUE TO** HEWORDY CE + (INTERVENTREULAR Conditions, If any, which certificate has been thed for use as the b ot. of Health prior to b rise to immediate OUF TO cause (a), stating underlying cause last. ARTERO VENOUS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY 19. for use Health PERFORMED? CERTIFICATI YES V NO this certetached for 20a. ACCIDENT WAS UNDERLYING I DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While After be p.m. 19 at work at work should ith the S FUNERAL DIRECTOR: A director, page 3 should should be filed with the 21. I certify that (1) this hospital attended the deceased from 5-2 1966 to 5- 30 1966 that (1) (wer last 5/30 and that death occurred at 9 46 P.M. from the causes and on the date stated above. saw the deceased alive. 22a. SIGNATURE DATE SIGNEO ATTENDING STAFF PHYS. DIRECTOR PHYSICIAN'S 22c. 22d. ADORESS NAME (Type) Francis May. Wisconsin Ave., Bethesda. director Should I DATE THEREOF NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION. 23b. LOCATION (City, town or county) (State) RIREMOVAL (Specify) 6/2/66 Parklawm Cemetery Rockville Montg. Md. FUNERAL DIRECTOR REC'D BY REGISTRAR 25a. 1966 VR A15 (4) 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after deoth 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) physicion and ampletely filled in by the funeral en please tembre carbon papers. Pages Lond PLACE OF DEATH b. COUNTY a. STATE a. COUNTY Montgomery Virginia MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) hours Arlington Bethesda (rural hours d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? within 72 YES NO X U. S. Naval Hospital 1017 South Quebec 3. NAME OF Middle Last 4 DATE Manth Day Year DECEASED 66 Baby Boy MURRAY May DEATH (Type ar print) IF UNDER 24 HRS. 9. AGE (In years IF UNDER 1 YEAR S SEX B. DATE OF BIRTH 6 COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Manths Days Hours May 17, 1966 Male Cauc WIDOWED DIVORCED 11. BIRTHPLACE (Caunty & State, ar fareign cauntry) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 10a. USUAL OCCUPATION (Give kind af work dane during mort of working life, even if retired) COUNTRY? INDUSTRY IISA Bethesda, Montgomery, Md 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME the attending phys Hiroko Matsuura Johnie R. Murray Arlington 1S. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, ar unknawn) (If yes give war ar dates af service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address Va. Johnie Murray, 1017 South Quebec, Apt. 7/ INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) buriol-tronsit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Bilateral pneumonit Prematurity and immaturity IMMEDIATE CAUSE (a) signed by DUF TO Canditians, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause offending prior to b O FUNERAL DIRECTOR: After this certificate hos been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? for use Heolth NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) 20g. ACCIDENT WAS UNDERLYING the haspital OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, (City ar tawn) (Caunty) (State) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED factory, street, affice bldg., etc.) Nat While at wark at wark pe be retoined by 21. I certify that (1) (this hospital) attended the deceased from May 17, 1966, to May 17, 1966 that (1) (we) last saw the deceased glive an May 17, 1966, and that death accurred at 944AM, from causes and an the date stated above. 22b. DATE SIGNED 22a. SIGNATURE ATTENDING MED. DIRECTOR STAFF PHYS. 18 May 1966 M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) U. S. Naval Hospital. Bethesda. Md. Ronald F. Swanger, M. D. director, 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) (State) 23b. DATE THEREOF Arlington, Virginia *66 Arlington National Arlington ADDRESS Virginia 2Sb. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR VR A15 (4) Home, 3524 Columbia Pike,/ 20 M 1/66

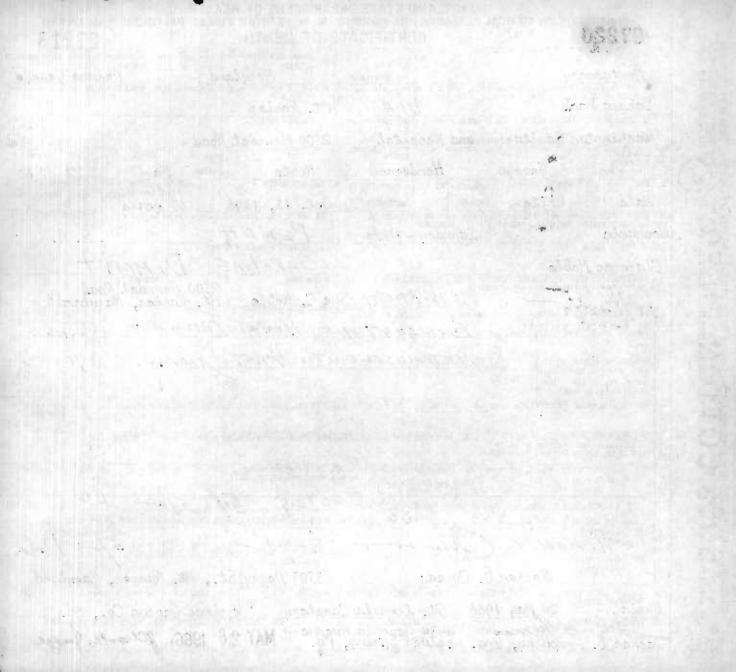
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death. death. funeral PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY STATE b. COUNTY **MARYLAND** b. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) WGTH OF STAY IN 1b c. CITY OR/TOWN (If outside corporate limits, write RURAL and give negrest town) hours d. NAME OF HOSPITAL O INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS within 72 NO X YES etely executed within pou 3. NAME OF DECEASED First DATE Month Year Day (Type or print) and compl DEATH 19 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | FUNDER 1 YEAR | IF UNDER 24 HRS move 8. 7. MARRIED last birthday) | Months | Days Hours WIDDWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done Ξ 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT (County & State, or foreign country) physician be ease during most of working life, even if retired) and certificate 0 removal, FATHER'S NAME 14. MOTHER'S attending parmit. Then AS DECEASED EVER IN U.S. ARMED FORCES? INFORMAN' permit. or (Yes no or unkown) (If yes give war or dates of service) cremation, the 18. CAUSE OF DEATH [Enter only one cause per line INTERVAL BETWEEN (b), and (c),] burial-transit burial, cremat ONSET AND DEATH been signed by PART I. DEATH WAS CAUSED BY: Temary attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, if env. which gave rise to immediate as the prior to DUE TO cause (a), stating underlying cause last. certificate has CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTDPSY for use Health PERFORMED? NO S YES 2Da. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) of OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached Dept. this MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) State factory, street, office bldg., etc.) Hour a.m. After While Not While þ at work at work retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the P the 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on and that death occurred a M. from the causes and on the date stated above. 22a. SLONATURE 22b. DATE SIGNED ATTENDING M.D. PHYS DIRECTOR PHYS. 4 may PHYSICIAN'S 22c. 22d. ADDRESS NAME (Type BURIAL, CREMATION, 23b. DATE 23d. ION (City, town or county (State REMOVAL (Specify) FUNERAL DIRECTOR **ADDRESS** 25a. REC'D BY REGISTRAR 1/25b. REGISTRAR'S SIGNATURE VR A15 (4) 1966 15M 4-64

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	£ 700 £	1	07220 CERTIFICATE OF DEATH 07213			
	24 hours after death. filled in by the funeral apers. Pages 1 and 2 n 72 hours after death.		1. PLACE DF DEATH a. CDUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Resident a. CDUNTY)	ence before admission)		
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	y fill	1	Washington Sanitarium and Hospital 2500 Arundel Road	YES NO W		
	requires that the death certificate be executed within 24 hours ading physician. been signed by the attending physician and completely filled in by the burial-transit permit. Then please remove carbon papers. Pagent to burial, cremation, or removal, and in any event within 72 hours in the burial, cremation, or removal, and in any event.	1	DECEASED	22 19 66		
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	TO HOSPITAL OR ATTENDIN Page 4 may be retained O FUNERAL DIRECTOR. Af director, page 3 should I should be filed with the S	'	23a. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)			
	5 5 S		Burial (Specify) 24 May 1966 It. Lincoln Cemetery Prince George Co. 1	Md		
	0		24. FUNERAL DIRECTOR Thomas 8434 Georgia Avenue 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG	GNATURE		
	VR AI5 (4) 20M 1/65	0	Warner E. Pumphrey, Inc. Silver Spring, Md. MAY 26 1966 geliarles	judge.		



1 (M)	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND			
FOR STATE	07221 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 07214			
HEALTH DEPT.	1. PLACE OF DEATH a. COUNTY b. COUNTY b. COUNTY c. STATE b. COUNTY c. STATE b. COUNTY c. STATE c. COUNTY c			
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my de M3. M3.	3. NAME OF DECEASED (Type or print) Middle Last 14. DATE Month Day Year OF DEATH MAY 1/1 19 66			
th. If any d ges 1, 2, an form PM3. Zwith the with 772 1	5. SEX 6. COLOR OB RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.			
d 2 desth.	T WIDOWED DIVORCED X 1/-1/- 1916 49 yrs.			
4 hours after dear ltem 18. Give Pa Office along with File pages 1 and and in any event	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country) 11c. CITIZEN OF WHAT COUNTRY? 11dousewise 12. CITIZEN OF WHAT COUNTRY?			
s aft 18. (along along ges ges	13. FATHER'S NAME 14. MÖTHER'S MAIDEN NAME			
fice nd ind ind ind	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address of heads Md			
n 24 I in 1 s Off ral, a	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) No Address ethesda, Md. Geo. R. Noel 5400 Pooks Hill Rd. Apt. 917			
s within 2. mithin 2. miner's 0 permit, Fremoval,	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]			
Exam Exam or r	PART I. DEATH WAS CAUSED BY: Barbituate- Poissoning Part and Death IMMEDIATE CAUSE (e) Barbituate- Poissoning			
ld be executed "pending" in f Medical Exan burial-transit I	Conditions, If any, which \ (1) CVe 1. close - Town at			
d be "per Med buris	gave rise to immediate cause (a), stating the DUE TO			
shoul vord Chief as a rial, d	underlying cause last. (c)			
TEXAMINER: This certificate should be executed within 24 hours after death. If any delay is the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page files. The should be used as a burial-transit permit, File pages 1 and 2 with the State I designated agent, prior to burial, cremation, or removal, and in any event within 72 hours and designated agent.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES ND ONE OF THE TERMINAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 19. WAS AUTOPYTED. YES ND TOOK. OVER 80 Capacillo . J. T. W. J.			
d to d to be u	20a. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) 7 CAUSE OF DEATH.			
R: This certificate, writing forwarded to 3 should be agent, prior	200 TIME OF INNIEW Month Day Year 20d INNIEW OCCUPATED 200 PLACE OF INNIEW (Home farm 20f (City or town) (County) (State)			
ER: T cate, forv 3 sl	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, House a.m. 5/11 19 66 at work Not While at work A twork Not While at work Not While Not Work Not While N			
NMIN ertifi Id be Page nated	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion			
the certificates the certificates the certificates to the certificates the	death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined manner			
xecute the Page 4 for your IL DIRECT OF Its	ACTUAL SIGNATURE OF B. B. C. M.D. ASSISTANT MEDICAL EXAMINER () 22. DATE SIGNED			
FY MEDIC execute Page of for you RAL DIRE th or its	EXAMINER'S DEPUTY MEDICAL EXAMINER 5/11/66			
TO DEPUTY MEDICAL EXP please execute the c director. Page 4 shou retained for your files TO FUNERAL DIRECTOR: of Health or its design	NAME (Type) Address (Street, city, town, or county) 23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME DF CEMETERY DR CREMATORY 23d. LDCATION (City, town or county) (State)			
direction of	REMOVAL (Specify) 5/14/66 Rest Idenan Comptant Hagerstone Md			
VR AISME (5)	24. FUNERAL DIRECTOR COLOR COLOR COLOR ADDRESS 25a. REGISTRAR'S SIGNATURE			
5M 1/65	Rest Haven Funeral Chapel Hagerstown, Md. DATAY 17 1966 garden Judge			

• (Long to the color seems should not be be the States States See House Contains House States Cast orwand Sugar call Suggest or Magnes County, al. 244 The Line State County

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending by Sician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2, should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

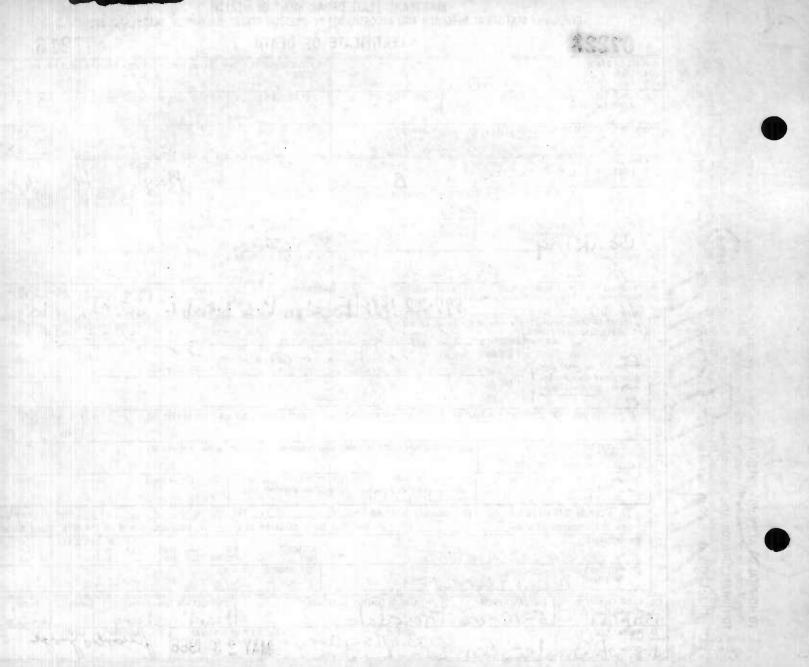
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 07915

0.000						
1. PLACE OF DEATH 9. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY					
Mantgomery MARYLAND	I'ld. Monlgomery					
b. CITY OR TOWN (if dutside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
Sairchard Obervious Stone S.S. 1/14 int Hs PA48	Silver Spring 15.1					
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?					
Fairland Nursing Home	606 University Blrd, West YES NO					
3. NAME OF DECEASED (Type or print) Katie May O	Last 4. MATE Month Day Year OF DEATH MAY 5 1966					
7. MARKIED ALEVER MARKED	8. DATE OF BIRTH Sep. 24, 1875 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. Hours Min. Hours Mi					
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS, OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
during most of working life, even if retired) Owner and operator Gasoline & Center	Washington, D. C. U. S. A.					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
William G. Wheatley	Theresa Melson					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unkown) (If yes give war or dates of service)	INFORMANT 220 Address H: character					
No None 218-38-5676 Ma	urice W. O'Congor Silver Spring. Md.					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	I INTERVAL BETWEEN ONSET AND DEATH					
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral throm						
443X DHE TO						
Conditions, If any, which (b) Hypertensive arterio	scleratic cardiovascular disease 10 years					
gave rise to Immediate cause (a), stating the DUE TO						
underlying cause last. (c)						
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL 203. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO					
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)					
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA Hour a.m. While at work at work at work						
21. I certify that (I) (this hospital) attended the deceased from	, 1956, to May 5 , 1966, that (I) (we) last					
saw the deceased alive on May 5 19 66, and that	t death occurred at 530 M, from the causes and on the date stated above.					
22a. SIGNATURE	ATTENDING MED. STAFF					
Caymond Dradohaw, M. M.	D. PHYS. DIRECTOR PHYS. 1 3/3/06					
22c. PHYSICIAN'S NAME (Type) A YMOND BRADSHAW, JR M	10345 University Blid West spring, Ma					
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	1. 1					
Burial 19 May 1,966 Mt. Olivet Ce						
24. FUNERAL DIRECTOR 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	venue 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE					
Warner E. Pumphrey, Inc. Silver Spring,	Md. DATE AT 9 1300 F					

VR AI5 (4) 20M I/65

Montgomeny Md Montgowich Beirhockstonessen . S. Lewis Co. Silver Sormed Fairland Marsing Home 606 Conversely Blody west 10 10 Katie in Oceanor May 5 cl tense and specified a supposition for animary branching at 11.11 The state of the s Corebral thromborn HAND IN COLUMN Hypertenine as terior here tre continuos wher discuss 10 y - 10 Caymed Wagsharf M. X 345 Commercity Bloding A read to the second second of the second of

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death the funeral hours after deat 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY b. COUNTY ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after MARYLAND b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give peorest town)/ filled in e. IS RESIDENCE ON A FARM? papers. d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS event, within 72 NO X 3. NAME OF corbon 4. DATE First Middle Lost Doy Year DECEASED (Type or print) 501X DEATH S. SEX IF UNDER 1 YEAR 6. COLOR OR RACE 8. DATE OF BIRTH IF UNDER 24 HRS 7. MARRIED **NEVER MARRIED** lost birthdoy) Months Dovs Hours WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT (County & Stote, or foreign country) during most of working lite even if retired) **INDUSTRY** COUNTRY? Banking 13. FATHER'S NAM 14. MOTHER'S MAIDEN NAME burial, cremation, or removal, INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. er Ness Dr. (Yes, no, or unknown) (If yes give wor or dotes of service CAUSE OF DEATH (Enter only one couse per line for (a) burial-tronsit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) be retained by the hospital or attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO tor use as the I f Health prior to b stoting the underlying couse hos been last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO O FUNERAL DIRECTOR: After this certificate 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH State Dept. of detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. Not While While ot work ot work 21. I certify that (1) (this hospital) attended the deceased fram March , 1960 to director, page 3 should should be filed with the 1964, and that death occurred at 6320 M, fram causes and on the date stoted obave saw the deceased glive on Man 15 220. SIGNATURE 22b. DATE SIGNED STAFF M.D. PHYS DIRECTOR PHYS. TO HOSPITAL Page 4 moy b 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23o. BURIAL CREMATION NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



MARYPAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE DEPT HEALTH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE b. COUNTY delay is and 3 ta A3. Page ot death. Montgomery Maryland MARYLAND Montgomery c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If outside corporate limits, puo write RURAL and give nearest tawn) 11/2 hrs. Silver Spring d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? have De Give Pages 1, 304 Colesville Manor Drive Holy Cross Hospital NO X YES after death. 3. NAME OF 4. DATE First Middle Month Lost Year DECEASED OF the Orndorff Sherry 66 Lynn within May 19 (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX AGE (In veors 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthdoy) Months Days Hours 7/27/55 White Female WIDOWED DIVORCED hours event 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BJRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? 13. FATHER'S NAME Washington, D.C. U.S.A dny pages in any 14. MOTHER'S MAIDEN NAME pencil within Lillie Anderson File Loring Orndorff, Jr. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknown) (If yes give war ar dates of service) Father. 16. SOCIAL SECURITY NO. 17. INFORMANT Address shauld be executed ar remaval, None Loring Orndorff, Jr 304 Colesyille Manor Di No INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Multiple traumata including basilar skull IMMEDIATE CAUSE (o) used as a burial-trai i burial, crematian, a writing the ward DUF TO Conditions, if ony, which gove fracture sustained when struck by auto. rise to immediate couse (a), DUE TO certificate stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO the certificate. p 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item IB.)
Deceased a pedestrian, was struck by walking along highway. 20o. EXTERNAL CAUSE WAS agent, priar PRIMAR OF CONTRIBUTING auto while CAUSE OF DEATH. 20e. PLACE OF INJURY (Hame, farm, (Stote) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED (City or town) (County) 2:15 Houseom. factory, street, office bldg., etc.) FUNERAL DIRECTOR: Page Silver Spring Montg. Md. the funeral director. Page designated 21. I certify that I taok charge af the remains described above, held an Autopsy Inspection X may be retained far and in my apinion death resulted from: Natural causes Accident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY Health NAME (Type) /2ELDE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION 23b. DATE THEREOF 0 REMOVAL (Specify) Asbury Methodist Church
ADDRESS 250. REC'D 1 Moorefield. West Virginia 25g. REC'D BY REGISTRAR VR A15ME (5) Jumphrey, Inc. 8434 Ga., Ave., S.S., Md. 6M 1/66

A SECOND REPORT OF THE PROPERTY OF THE PROPERT The state of the line of the last state of the state of t The contract of the contract o

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07225 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) the funero a. COUNTY o. STATE ve carbon papers. Pages 1 event, within 72 hours after MARYIAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) in by OCKUI d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 3. NAME OF Middle 4. DATE Month Dov Year DECEASED LLARM Type or print DEATH 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH AGE (In years NEVER MARRIED birthdoy) Months WIDOWED DIVORCED puo 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) -UNDUSTRY COUNTRY? 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME cremation, or removol, Tucker Margaret A . 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address Gaetkerburg (Yes, po, or unknown) I(If yes give wor or dates of service) 78-18-4757 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET_AND DEATH IMMEDIATE CAUSE (o) DUE TO signed buriol Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse hos been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO TO FUNERAL DIRECTOR: After this certificate 20b SESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of Jem 18.) 20o. ACCIDENT WAS UNDERCYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office bldg., etc.) of work ot work 19 6 5 that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased fram. 1952. to be retoined director, page 3 should should be filed with the 19 / C, and that death occurred at Lister from causes and an the date stated above saw the deceased alive an_ 22o. SIGNATURE 22b. DATE SIGNED STAFF ATTENDING DIRECTOR M.D. PHYS PHYS. ADDRESS Veirs Mill Road, Rockwille 22c. PHYSICIAN'S 22d. Stephen Jones NAME (Type) 230. BURIAL CREMATION, BREMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY ockville 23d. LOCATION (City or Town)
Rockville. Montg. 1331 Rockville Apprikke 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 Rockville, Maryland vson Wheeler

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MAY S. B. 1966 - ACCUMANT S. S. YAM

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07226 CERTIFICATE OF DEATH **ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death and deat PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) the funera a. COUNTY . STATE carban papers. Pages 1 nt, within 72 hours after MARYLAND CITY OR TOWN (If outside corporte limits, c. LENGTH OF STAY IN 1b c. CITY OR LOWN (If outside Write RURAL and give neores fown) 2 e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS filled NO X carban 3. NAME OF First Middle Lost DATE Manth Day Year DECEASED 1966 (Type ar print) DEATH S. SEX AGE (In years last birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE NEVER MARRIED DATE OF BIRTH 7. MARRIED Months Hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or fareign country) during prost of working life, even if retired) JUDUSTRY COUNTRY physician nen please ease Govt Dev 13. FATHER'S NAW 14. MOTHER'S MAIDEN NAME ar remaval, Dorothy Williams Postel 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. (Yes, no, or unknown) (If yes give war ar dates af service 217-44-0277 crematian, 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit **ONSET AND DEATH** IMMEDIATE CAUSE (a) signed by Page 4 may be retained by the haspital ar attending physician. DUE TO burial Conditions, if ony, which gave rise ta immediate couse (a), DUE TO stoting the underlying cause has been the last. OS 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) State Dept. af Health YES 5 NO this certificate b 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 ar Part 11 of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) Haur a.m. Nat While factory, street, office bldg., etc.) While at work at work 21. I certify that (I) (this hospital) attended the deceased from , 19 6, that (I) (we) las 1958, to Mac director, page 3 shauld should be filed with the FUNERAL DIRECTOR: 1906, and that death accurred at 3 M, fram coses and an the date stated above sow the deceased alive an MM 22a. SIGNATURE 22b. DATE SEGNED ATTENDING STAFF PHYS. DIRECTOR M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S George Sharpe NAME (Type) 0511 Summit Ave. Kensington, Md. 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Tawn) (County) (State) remation 5/11/1966 Cedar Hill Crematory Prince GeorgesCo. Md. **ADDRESS** 24. FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 Bethesda, Maryland Marley Robert A. Pumphrey

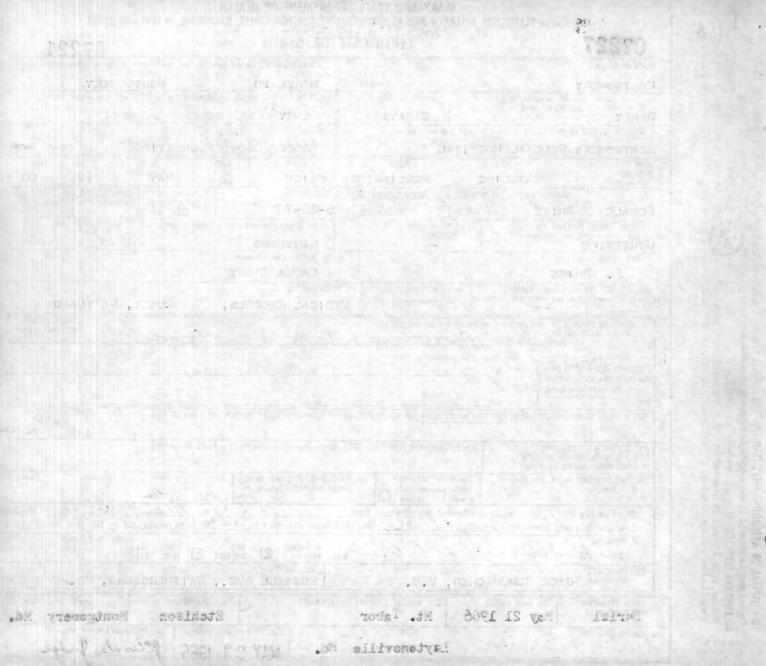
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 07227 law requires that the death certificate be executed within 24 hours after death by the funeral Pages 1 and deoth 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) 1. PLACE OF DEATH a. STATE a COUNTY b. COUNTY MARYLAND MARYLAND MONTGOMERY MONTGOMERY b. CITY OR TOWN (If gutside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give negrest town) Gaithersburg, Maryland 3 DAYS OLNEY d STREET ADDRESS R. R. #2 completely filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) ON A BARM? BROOKE/GROVE/FOUNDATION/ MONTGOMERY GENERAL HOSPITAL NAME OF Middle 4 DATE Last Day Year DECEASED 19 66 CAROLINE WELL INGTON PRICE MAY 19 DEATH (Type ar print) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH 9. AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthdoy) Manths Davs Hours 8-23-70 FEMALE WHITE WIDOWED DIVORCED 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, ar foreign country) COUNTRY? during most af warking life, even if retired) INDUSTRY USA HOUSEWIFE MARYLAND 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME remayo LAURA BRADY PRICE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, ar unknawn) (If yes give war ar dates af service OLNEY, MARYLAND MEDICAL RECORDS, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) buriol-tronsit evioscievosis- Genil ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) by DUF TO Canditians, if ony, which gove rise to immediate cause (a). DUE TO offending stating the underlying couse O FUNERAL DIRECTOR: After this certificate has been the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) USe NO [2 for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port 11 of item 18.) 20g. ACCIDENT WAS UNDERLYING the hospital OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Caunty) (Stote) Hour a.m. foctory, street, office bldg., etc.) Not While at wark L 21. I certify that (I) (this haspital) attended the deceased fram. 19 4 and that death occurred at 9:25 Am, from causes and an the date stated obove. saw the deceased alive an 22g. SIGNATURE 22b. DATE SIGNED ATTENDING MED. DIRECTOR X 22d. ADDRESS 72c. PHYSICIAN'S JACK SCHUMACHER, M.D. RUSSELL AVE., GAITHERSBURG, MD. NAME (Type) director, should b 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23a. BURIAL, CREMATION 23b. DATE THEREOF (County) REMOVAL (Sperify) May 21 1966 Mt. Tabor Montgemery Md 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE ADDRESS 2Sq. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 Laytensville Mel



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 hours after death death and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Pages 1 urs after Montaomery by the MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If dutside corporate limits, write RURAL and give nearest town) oon papers. Pag within 72 hours Silver Spring completely filled in mos. 26 day d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 8434 Georgia Avenue Cross Hospital YES NO executed within carbon NAME DE Middle Last DATE DECEASED Chiswell (Type or print) Pumphreu DEATH 1966 May 10 SEX AGE (In years | IFUNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE етоме 7. MARRIED NEVER MARRIED last birthday) | Months | Days any and temale WIDOWED K DIVORCED in 10a, USUAL OCCUPATION (Give kind of work done I 12. CITIZEN OF WHAT COUNTRY? cian 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) that the death certificate be Auneral Director Funeral)ickerson 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending permit. Then Edward Lee Chiswell Naomi North 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unkown) (If yes give war or dates of service) hurch James cremation, 216-16-0449 Marulano the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. -clxish IMMEDIATE CAUSE (a) signed burial. DUE TO Conditions, If any, which TO FUNERAL DIRECTOR: After this certificate has been gave rise to immediate the I DUE TO cause (a), stating the underlying cause last. 38 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIDUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? NO K 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) detached for the Dept. of F MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm.) 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While at work at work plnods 21. I certify that (1) (this hospital) attended the deceased from Tebruary 9 19.66, that (I) (we) last ., 1942 19 66, and that death occurred at 4: 30 M, from the causes and on the date stated above. saw the deceased alive on 3 showith 22a. SIGNATURE 22b. DATE SIGNED page M.D. DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) BURIAL, BREMATION, 23b. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) em REC'D BY REGISTRAR FUNERAL DIRECTOR Georgia Hvenue VR A15 (4) 20M 1/65

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